THE STANDARD EDITION OF
THE COMPLETE PSYCHOLOGICAL WORKS
OF SIGMUND FREUD

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VOLUME I

Sigmund Freud in 1885 (aet. 29)

THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF

SIGMUND FREUD

Translated from the German under the General Editorship of

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In Collaboration with
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VOLUME I
(1886–1899)

Pre-Psycho-Analytic Publications and Unpublished Drafts

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To the Thoughts and Words of

SIGMUND FREUD

This their Blurred Reflection

Is Dedicated by its Contriver

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We are most grateful to Dr. Sabina Strich, Senior Lecturer in Neuropathology, University of London, for reading the proofs of the present volume and providing invaluable help in translating the neurological material.

GENERAL PREFACE

(1) The Scope of the *Standard Edition*

The ground covered by this edition is shown by its title—*The Complete Psychological Works of Sigmund Freud*; but it is right that I should begin by indicating its contents more explicitly. My aim has been to include in it the whole of Freud's published psychological writings—that is, both the psycho-analytic and the pre-psycho-analytic. It does *not* include Freud's numerous publications on the physical sciences during the first fifteen years or so of his productive activity.[1] I have been fairly liberal in drawing the line here, for I have found a place for two or three works produced by Freud immediately after his return from Paris in 1886. These, dealing chiefly with hysteria, were written under the influence of Charcot, with scarcely a reference to mental processes; but they provide a real bridge between Freud's neurological and psychological writings.

The *Standard Edition* does not include Freud's correspondence. This is of enormous extent and only relatively small selections from it have been published hitherto. Apart from 'Open Letters' and a few others printed with Freud's assent during his lifetime, my main exception to this general rule is in the case of his correspondence with Wilhelm Fliess during the early part of his career. This is of such vital importance to an understanding of Freud's views—and not only of his early ones—that much of it could not possibly be rejected. The first volume of the edition accordingly contains the *Project* of 1895 and the series of 'Drafts' sent by Freud to Fliess between 1892 and 1897, as well as such portions of the letters themselves as are of definite scientific interest.

Nor, again, does the *Standard Edition* contain any reports or abstracts, published in contemporary periodicals, of the many lectures and papers given by Freud in early days at meetings of various medical societies in Vienna. The only exceptions here are the rare cases in which the report was made or revised by Freud himself.

On the other hand, the whole contents of the *Gesammelte Werke* (the only approximately complete German edition) appear in

[1] Freud's own abstracts of the majority of these (they numbered some twenty-five in all, of varying length and importance) will be found in Volume III of the *Standard Edition*, pp. 223–57.

the *Standard Edition*, besides a number of works which have either come to light since the completion of the *Gesammelte Werke*, or were, for various reasons, omitted by its editors. It has also seemed essential to include in Volume II Josef Breuer's share of the *Studien über Hysterie*, which was left out of both the German collected editions.

(2) The Plan of the Edition

The first problem for an editor faced by a total of some two million words was to decide how best to present them to his readers. Was the material to be arranged on a classificatory or a chronological basis? The first German collected edition (the *Gesammelte Schriften*, issued during Freud's life) attempted a division according to subject-matter, the more recent *Gesammelte Werke* aimed at being strictly chronological. Neither plan was satisfactory. Freud's writings would not fit comfortably into categories, and strict chronology meant interrupting close sequences of his ideas. Here, therefore, a compromise was adopted. The arrangement is in the main chronological, but I have disregarded the rule in certain cases—where, for instance, Freud wrote an addendum many years after the original work (as with the *Autobiographical Study* in Volume XX) or where he himself grouped together a set of papers of various dates (as with the papers on technique in Volume XII). In general, however, each volume contains all the works belonging to a specified span of years. The contents of each volume (except of course where a single long work is concerned) are grouped in three classes: first I have placed the major work (or works) belonging to the period which gives the volume its title; next come the more important writings on a smaller scale; and lastly come the really short (and usually relatively unimportant) productions. The chronology is so far as possible determined by the date of the actual *composition* of the work in question. Often, however, the only certain date is that of publication. Each item is consequently headed by the date of publication in round brackets, followed by the date of composition in square brackets, where this may reasonably be held to differ from the former. Thus the two last 'metapsychological' papers in Volume XIV, though published in 1917, were almost certainly written at the same time as their three predecessors, in 1915. These last two are accordingly included in the same volume as the rest, and are headed '(1917 [1915])'. Incidentally, each volume contains its own bibliography and index, though a complete bibliography and an index to the whole series are planned for Volume XXIV.

(3) The German Sources

The translations in this edition are in general based on the last German editions published in Freud's lifetime. One of my main difficulties, however, has been the unsatisfactory nature of the German texts. The original publications, brought out under Freud's immediate supervision, are as a rule trustworthy; but, as time went on and responsibility was delegated to other hands, errors began to creep in. This even applies to the first collected edition, published in Vienna between the Wars and destroyed by the Nazis in 1938. The second collected edition, which was printed in England under the greatest difficulties during the Second War, is largely a photo-copy of its predecessor, but naturally shows signs of the circumstances in which it was produced. This, however, remains the only obtainable German edition of Freud's works with any claim to completeness.[1]

From 1908 onwards, Freud preserved his manuscripts; but in the case of works published in his lifetime I have not consulted them except in a few cases of doubt. Where writings have been published posthumously the position is different, and, in a few instances, especially in the case of the *Project* (as will be seen from the Editor's Introduction to that work), the translation has been made direct from a photostat of the manuscript.

A serious defect in the German editions is the absence of any attempts at dealing with the very numerous changes in the text made by Freud in successive editions of some of his books. This applies in particular to *The Interpretation of Dreams* and the *Three Essays on the Theory of Sexuality*, both of which were to a very considerable extent recast in their later editions. For a serious student of the development of Freud's ideas it is of great interest to have the stratification of his views laid bare. Here, accordingly, I have endeavoured to note, for the first time, the dates at which the various alterations were made and to give the earlier versions in footnotes.

(4) The Commentaries

It will be gathered from what has just been said that from first to last I have framed this edition with the 'serious student' in mind. The result has inevitably been a large amount of commentary, by which many readers will be irritated. Here I am inclined to quote Dr. Johnson:[2]

[1] It is now (1966) sold by S. Fischer Verlag of Frankfurt, but is entirely unrevised.

[2] From his Preface to Shakespeare.

'It is impossible for an expositor not to write too little for some, and too much for others. He can only judge what is necessary by his own experience; and how long so-ever he may deliberate, will at last explain many lines which the learned will think impossible to be mistaken, and omit many for which the ignorant will want his help. These are censures merely relative, and must be quietly endured.'

The commentaries in the *Standard Edition* are of various kinds. Firstly there are the purely textual notes to which I have referred just above. Next come elucidations of Freud's very numerous historical and local allusions and literary quotations. Freud was a striking example of a man equally at home in both of what have been called the 'two cultures'. He was not only an expert neuro-anatomist and physiologist; he was also widely read in the Greek and Latin classics as well as in the literatures of his own language and in those of England, France, Italy and Spain.[1] Most of his allusions may have been immediately intelligible to his contemporaries in Vienna, but are quite beyond the range of a modern English-speaking reader. Often, however, especially in *The Interpretation of Dreams*, these allusions play an actual part in the line of argument; their explanation could not be neglected, though it has called for considerable, and sometimes unsuccessful, research.

Another class of annotations is constituted by the cross-references. These should be of special value to a student. Freud has often dealt with the same topic several times, and perhaps in different ways, at various widely separated dates. Cross-references between these occasions over the whole range of the edition should help to overcome the objection to the general chronological treatment of the material.[2] Lastly, and more rarely, there are notes explanatory of Freud's remarks. These, however, are usually only extended examples of the cross-references, more elaborate discussions of Freud's meaning are usually reserved to yet another category of comment.

For, quite apart from these running explanations in the footnotes, each separate work without exception is provided with an introductory note. This varies in length according to the importance of the work. It opens in every case with a bibliography of the German text and of all its English translations.

[1] Many passages in his works give evidence of his interest in the visual arts, nor perhaps was his attitude to music quite so negative as he liked it to be believed.

[2] Needless to say, these cross-references make no pretence at being exhaustive. They are only intended as occasional sign-posts to suggest to the student possible lines of further research.

(No notice is taken of translations into other languages; and no attempt has been made to give a complete list of reprints subsequent to Freud's death in 1939.) This is followed by an account of what is known of the date and circumstances of the composition and publication of the work. After this comes some indication of its topic and of its place in the main current of Freud's thought. It is here, of course, that differences will be found. In the case of a short work of slight interest, there will be only a sentence or two. In the case of a major work, there may be an introductory essay covering several pages.

All these various kinds of editorial intervention have been governed by a single principle. I have aimed, consistently I hope, at allowing Freud to be his own expositor. Where there are obscurities I have looked for explanations in Freud's own writings; where there seem to be contradictions I have been content with laying the fact before the reader and enabling him to form a judgement of his own. I have done my best to escape being didactic, and have avoided any claim to *ex cathedra* authority. But, if I have withheld my own opinions, especially on matters of theory, it will be found that I have equally withheld *all* later commentaries and elaborations and criticisms from any source whatever. So that, almost without exception, this edition contains no references at all to other writers, however distinguished—apart, of course, from those quoted by Freud himself. (The immense proliferation of psycho-analytic literature since his death would in any case have imposed this decision.) The student should thus be able to approach Freud's writings uninfluenced by extraneous opinions.

It is in the matter of commentaries that I am most aware of the deficiencies of this edition, many of them irremediable. The numerous misprints and minor slips may be corrected, I hope, in Volume XXIV; but the faults I have in mind cannot so easily be put right. They spring in the main from the unripeness of the material. This is exemplified by what I have already mentioned—the absence of any really trustworthy German edition. But in fact, when work was starting on this edition more than fifteen years ago, the whole region was unexplored and unmapped. The publication of Ernest Jones's life of Freud had not even begun; the correspondence with Fliess and the very existence of the *Project* were unsuspected by most people. It is true that I received assistance from many quarters,[1] especially from Ernest Jones, who kept me abreast of his discoveries as he made them. Nevertheless, the *Standard Edition* is a piece of

[1] This was not universally true. In 1954 I was refused free access to the Minutes of the Vienna Psycho-Analytical Society.

pioneering work with all the inevitable errors and blunders that that involves. I myself became better educated in Freud's ideas as time went on, and it is likely that the later-published volumes give evidence of this.[1]

Two handicaps in particular may be mentioned. It was of course impossible to realize the ideal situation of keeping the whole edition set up in print but open to correction till the last volume was finished. But it followed that a whole number of fundamental decisions had to be made before the first volume was published. These decisions included both questions of format and of the choice of technical terms, and, once made, they had in general to be adhered to throughout the edition. And some of them, of course, were likely to be regretted later.[2] Another source of deficiency, which the charitable critic will bear in mind, is that the *Standard Edition* has been in many ways an amateur production. It has been the work of a few individuals usually engaged in other occupations, and it has been without the background of any established academic machine ready to provide either personnel or accommodation.

(5) The Translations

In considering a revised translation of Freud, the primary aim was bound to be the rendering of his meaning with the greatest possible accuracy. But another, and perhaps more difficult, problem could not be evaded: the problem of style. The literary merits of Freud's writing cannot possibly be dismissed. Thomas Mann, for instance, spoke of the 'purely artistic' qualities of *Totem and Taboo*—'in its structure and literary form a masterpiece related and allied to all the great examples of German essay-writing'.[3] These merits could scarcely be expected to survive translation, but some effort had to be made in that direction. When the *Standard Edition* was first planned, it was considered that it would be an advantage if a single hand were responsible for shaping the whole text, and in fact a single hand has carried out the greater part of the work of translation, and even where a former version has been used as a basis it will be

[1] It may be worth recording the actual order of their appearance. 1953: IV, V, VII. 1955: X, XVIII, XIII, II, XVII. 1957: XI, XIV. 1958: XII. 1959: IX, XX. 1960: VIII, VI. 1961: XIX, XXI. 1962: III. 1963: XV, XVI. 1964: XXII, XXIII. 1966: I.

[2] To mention a very trivial example: I think that if I were starting on the *Standard Edition* to-day I should probably suppress the tiresome hyphen in the word 'psycho-analysis'.

[3] Thomas Mann, 1929, p. 3.

found that a large amount of remodelling has been imposed. This unfortunately has involved the discarding, in the interests of this preferred uniformity, of many earlier translations that were excellent in themselves. The imaginary model which I have always kept before me is of the writings of some English man of science of wide education born in the middle of the nineteenth century. And I should like, in an explanatory and no patriotic spirit, to emphasize the word 'English'.

If I turn now to the primary question of the correct rendering of Freud's *meaning*, I must come into conflict with what I have just said. For wherever Freud becomes difficult or obscure it is necessary to move closer to a literal translation at the cost of any stylistic elegance. For the same reason, too, it is necessary to swallow whole into the translation quite a number of technical terms, stereotyped phrases and neologisms which cannot with the best will in the world be regarded as 'English'. There is also the special difficulty, which arises, for instance, in *The Interpretation of Dreams*, *The Psychopathology of Everyday Life*, and the book on jokes, of the appearance of material involving untranslatable verbal points. Here the easy alternatives are denied us of making a cut or of substituting some equivalent English material. We must fall back on square brackets and footnotes, for we are bound by the fundamental rule: Freud, the whole of Freud, and nothing but Freud.

As regards technical vocabulary, I have in general adopted the terms suggested in *A New German–English Psycho-Analytical Vocabulary* by Alix Strachey (1943), which was itself based on the suggestions of a 'Glossary Committee' set up by Ernest Jones twenty years earlier. In only a few instances have I departed from these authorities. Some individual words which raise controversial points are discussed in a separate note below (p. xxiii).

I have tried so far as possible to keep to the general rule of invariably translating a German technical term by the same English one. Thus, '*Unlust*' is always translated 'unpleasure' and '*Schmerz*' is always translated 'pain'. It should be noticed, however, that this rule is liable to lead to misunderstandings. For instance, the fact that '*psychisch*' is usually translated 'psychical' and '*seelisch*' 'mental' may lead to the notion that these words have different meanings, whereas I believe they are synonymous. The rule of uniform translation has, however, been carried further and extended to phrases and indeed to whole passages. When, as so often happens, Freud puts forward the same argument or tells the same anecdote on more than one occasion (sometimes at long intervals) I have tried to follow him, and to use, if he does, identical words, or, if he varies them, to do the

same. Some not uninteresting points are in this way preserved in the translation.

I ought to say explicitly here that all additions to the text, however small, and all additional footnotes are indicated by square brackets.

(6) Acknowledgements

Recognition must be paid, before anything else, to the exceedingly generous support to the scheme in its primordial stages by the members of the American Psychoanalytic Association (of which I am now proud to count myself an honorary member), on the initiative, in particular, of Dr. John Murray of Boston, with the support of Dr. W. C. Menninger, at that time President of the Association. Every previous attempt to raise the necessary capital had failed, and the whole project would have been abandoned without the magnificent gesture from America in subscribing in advance for some five hundred sets of the proposed edition. The sum was subscribed as an act of pure and indeed unreasonable faith, at a time when no concrete evidence existed of any such thing as the *Standard Edition*, and the patient subscribers were obliged to wait for as much as four or five years before the first volumes were delivered to them.

From that time onward, American support has been unswerving and has reached me from many quarters. I have enjoyed constant consultations throughout the years with Dr. K. R. Eissler, who has put all the resources of the Sigmund Freud Archives at my disposal, besides giving me the friendliest personal reinforcement. Through him, too, I have had the benefit of access to the valuable material in the Library of the New York State Psychiatric Institute. I have, of course, been constantly indebted to Dr. Alexander Grinstein and his *Index of Psychoanalytic Writings*. Before leaving the help I have had from America, I must mention two men, from widely separated regions, each of whom gave their support long ago to the dream of a complete Freud in English, but neither of whom lived to see its fulfilment: Otto Fenichel and Ernst Kris.

If I come now nearer home, my principal support has of course been from the Institute of Psycho-Analysis and in particular from its Publications Committee which, under changing names, has backed me through thick and thin from the earliest times, and in spite of what must often have seemed the most exorbitant financial demands. It seems a distortion to mention individual names, but I must recall once more my voluminous and instructive correspondence with Ernest Jones. I have special

grounds for gratitude to Dr. Sylvia Payne who was for a long time Chairman of the Publications Committee.

Turning to the actual germination of the *Standard Edition*, it goes without saying that my first acknowledgements must be to the collaborator and assistants whose names will be found on the title page of each volume: Miss Anna Freud, my wife and Dr. Alan Tyson. Miss Freud, in particular, has been ungrudging in devoting her precious leisure hours to reading through the whole of the translation and providing invaluable criticisms. The name of Miss Angela Richards (now Mrs. Angela Harris) also appears on the title page of the present volume. In recent years she has, indeed, been my principal assistant and has taken charge of much of the editorial side of my work. My gratitude is also due to Mrs. Ralph Partridge, who has prepared most of the indexes to the individual volumes, and to Mrs. Ambrose Price and Mrs. D. H. O'Brien, who between them typed out the whole of the material in the edition.

The difficulties in the preliminary preparations for the edition were exacerbated by the complications arising from Freud's completely unbusinesslike handling of the copyrights in his translations. These troubles, particularly in regard to the American copyrights, were only solved by the energetic intervention of Mr. Ernst Freud over a period of several months. The English side of this question was handled by the Hogarth Press and especially by Mr. Leonard Woolf. Mr. Woolf, who has been publishing the English translations of Freud for some forty years, himself took an active share in the evolution of this edition. I feel that my special, and somewhat guilty, thanks are due to the publishers and to the printers for their tolerance in meeting my requirements.

It is right for me to add that, though I have received and profited immeasurably from the advice of many helpers, yet the final decision upon every point whether of the translation or the commentary was bound ultimately to rest with me, and it is therefore upon me that the sole responsibility must rest for the errors which time will no doubt bring to light in plenty.

Finally, perhaps I may be allowed a more personal acknowledgement of my debt to the companion who has shared my task as a translator for so long. It is nearly half a century now since we spent two years together in Vienna in analysis with Freud, and since, after only a few weeks of our analysis, he suddenly instructed us to make a translation of a paper he had recently written ('"Ein Kind wird geschlagen"' a translation now imbedded here in Volume XVII. In the present

enterprise she has given me constant help by her impartiality both in approval and criticism, and she alone carried me through some periods of physical difficulty when it seemed absurd to imagine that the *Standard Edition* could ever be brought to completion.

JAMES STRACHEY

MARLOW, 1966

NOTES ON SOME TECHNICAL TERMS WHOSE TRANSLATION CALLS FOR COMMENT

Abwehr. I have accepted the established translation 'defence', though this gives a more passive impression than the German. The true sense is given better by 'to fend off', which I have used for the cognate verbal form '*abwehren*'.

Affekt, Empfindung, Gefühl. These three words have different meanings when they are used strictly: 'affect' (not an everyday English word), 'sensation', and 'feeling' (or 'emotion'). The trouble here is that all these words in both languages cover very uncertain ground, and that the meanings of the German and English words do not coincide but overlap. In particular, the German '*Empfindung*' can represent both 'sensation' and 'feeling' in English. Enquirers may be referred to the two main passages where these difficulties arise: in Section III of the metapsychological paper on 'The Unconscious', *Standard Ed.*, **14**, 177–8 (*G.W.*, **10**, 275–7), and in Lecture XXV of the *Introductory Lectures*, *Standard Ed.*, **16**, 395 (*G.W.*, **11**, 410). In these passages, and especially in the second one, it seems necessary to translate '*Empfindung*' by 'feeling'. (Similarly at the beginning of Chapter VIII of *Inhibitions, Symptoms and Anxiety*, *Standard Ed.*, **20**, 132, *G.W.*, **14**, 162.) But, if so, '*Gefühl*', in these same passages, cannot be translated 'feeling'. I have therefore rendered it by 'emotion' instead. That Freud himself had flexible views on the use of these words is shown, among other things, by the fact that in his early French paper on 'Obsessions and Phobias' he regularly uses '*état émotif*' as equivalent to the German '*Affekt*' (e.g. *G.W.*, **1**, 346).

Angst. 'Anxiety' is the conventional translation of the term. This is discussed in a special Editor's Appendix to Freud's first paper on anxiety neurosis in *Standard Ed.*, **3**, 116.

Anlehnungstypus. 'Anaclitic (or attachment) type' (of object-choice). This term is discussed in an Editor's footnote to the paper on narcissism, *Standard Ed.*, **14**, 87*n*.

Besetzung. 'Cathexis.' The origin of this term is explained in a footnote to the Editor's Appendix to the first paper on the neuro-psychoses of defence, *Standard Ed.*, **3**, 63 *n*.

Instanz. 'Agency.' The German term seems to have made its first appearance in Chapter IV of *The Interpretation of*

Dreams, *G.W.*, **2-3**, 149 (*Standard Ed.*, **4**, 144). There, and in many other places in the same work, '*Instanz*' is equated with '*System*'. It seems probable that Freud derived the metaphor from legal terminology, where it refers to the power or jurisdiction of a court or, more loosely, to the court itself. Actually (as is shown by the Oxford Dictionary) a similar usage of the word 'instance' exists in English. It has become almost obsolete, however, except in the one phrase 'a court of first instance'. The English word has, on the other hand, a multiplicity of common modern usages, and as a translation of '*Instanz*' could lead to nothing but confusion. Hence I have introduced the indeterminate word 'agency', which seems to cover the essence of the German concept.

Phantasie. 'Phantasy.' The spelling of this word causes a good deal of annoyance. The 'ph' form is adopted here on the basis of a discussion in the large Oxford Dictionary (under 'Fantasy'), which concludes: 'In modern use *fantasy* and *phantasy*, in spite of their identity in sound and in ultimate etymology, tend to be apprehended as separate words, the predominant sense of the former being "caprice, whim, fanciful invention", while that of the latter is "imagination, visionary notion".' Accordingly, the 'ph' form is used here for the technical psychological phenomenon. But the 'f' form is also used on appropriate occasions (see, for instance, *Standard Ed.*, **17**, 227 and 230).

Psyche, *psychisch*; *Seele* (or *Seelenleben*), *seelisch*. 'Psyche', 'psychical'; 'mind', 'mental'. Though I have as a rule used the English equivalent forms, I believe that Freud uses the two alternatives as precise synonyms. This is shown in many places. For instance, in Chapter VII (B) of *The Interpretation of Dreams*, though '*psychischer Apparat*' is more common, '*seelischer Apparat*' occurs more than once (*G.W.*, **2-3**, 541-3; *Standard Ed.*, **5**, 536-8). So, too, in the first of the *Introductory Lectures* (*G.W.*, **11**, 14-15; *Standard Ed.*, **16**, 21-2) '*psychisch*' and '*seelisch*' are constantly used interchangeably. And, indeed, at the beginning of his contribution to *Die Gesundheit* (*G.W.*, **5**, 289; *Standard Ed.*, **7**, 283) he explicitly asserted the synonymous character of the two terms.

Trieb. 'Instinct.' My choice of this rendering has been attacked in some quarters with considerable, but, I think, mistaken severity. The term almost invariably proposed by critics as an alternative is 'drive'. There are several objections to this. First, I should like to remark that 'drive', used in this

sense, is not an English word and, as I have explained in my preface, this translation aims at being a translation into English. This use of the word 'drive' is not to be found in the large Oxford dictionary, or in its first supplement of 1933 (though this was sufficiently up to date to include 'cathexis'). And it will not be found in any of the regular English text-books of psychology. The critics obviously choose it because of its superficial resemblance to the German '*Trieb*', and I suspect that the majority of them are in fact influenced by a native or early familiarity with the German language. It would, however, be absurd to reject the word on that account, if its introduction promised to result in substantial gains. There seems little doubt that, from the standpoint of modern biology, Freud used the word '*Trieb*' to cover a variety of different concepts. The number of terms now employed in this connection to denote an equally numerous assembly of distinct but related notions is clearly shown in a contribution of some twenty-five pages by R. A. Hinde on 'Some Recent Trends in Ethology' in Volume II of Koch's *Psychology: a Study of a Science* (New York, 1959). In the course of his elaborate analysis he shows that the word 'drive' itself is 'used in at least three ways' (p. 585). It requires, I think, a very brave man seriously to argue that rendering Freud's '*Trieb*' by 'drive' clears up the situation. It is not the business of a translator to attempt to classify and distinguish between Freud's different uses of the word. This job can safely be left to the reader, provided only that the same English word is invariably used for the German original. (Incidentally, Freud himself explains pretty clearly what he means by it in one at least of its senses at the beginning of his metapsychological paper on 'Triebe und Triebschicksale', *G.W.*, **10**, 211 ff. and *Standard Ed.*, **14**, 118 ff.) The only rational thing to do in such a case seems to me to be to choose an obviously vague and indeterminate word and stick to it. Hence my choice of 'instinct'. The only slight complication is that in some half-dozen instances Freud himself uses the German '*Instinkt*', always, perhaps, in the sense of instinct in animals.[1] In every such case, however, attention has been drawn to this fact in a footnote. Another consideration, comparatively unimportant except to a translator, is the impossibility of finding an adjectival form

[1] Though in one of these instances at least, in a letter to Fliess (No. 71, of October 15, 1897, p. 2[illegible]6 below), he uses '*Instinkt*' as an apparently complete synonym for '*Trieb*' in a human being.

for 'drive'. How do the critics propose to translate '*Triebregung*'? I have seen it given as 'instinctual drive', which is a mistranslation as well as a surrender. 'Drive impulse'? I confess to preferring my own 'instinctual impulse'.

Unbewusst. 'Unconscious.' Some discussion of the translation of this term appears in a footnote to the Editor's Note to 'The Unconscious', *Standard Ed.*, **14**, 165 *n*.

Unlust. 'Unpleasure.' Here the critics come from *this* side of the ocean and it is they who declare that this is not an English word. Earlier editors gave way to these cries and, in the *Collected Papers*, for instance, translated '*Schmerz*' by 'pain' and '*Unlust*' by '"pain"' (in inverted commas). The *reductio ad absurdum* of this subterfuge was the passage in 'Mourning and Melancholia' (*G.W.*, **10**, 430; *Standard Ed.*, **14**, 245) where we find '*Schmerzunlust*', which would have to be translated 'pain-"pain"'. Fortunately the Oxford Dictionary comes to our help once more, this time in the opposite direction. For it tells us that 'unpleasure' was used by the poet Coleridge in 1814—a revelation by which, no doubt, everyone will be satisfied. I have invariably translated '*Unlust*' by 'unpleasure', '*Schmerz*' by 'pain' and '*peinlich*' by 'distressing'.

REPORT ON MY STUDIES IN PARIS AND BERLIN

(1956 [1886])

EDITOR'S NOTE

BERICHT ÜBER MEINE MIT UNIVERSITÄTS-JUBILÄUMS REISESTIPENDIUM UNTERNOMMENE STUDIENREISE NACH PARIS UND BERLIN

(*a*) German Edition:

(1886 Date of composition.)
1960 In J. and R. Gicklhorn's *Sigmund Freuds akademische Laufbahn im Lichte der Dokumente*, 82, Vienna.

(*b*) English Translation:

'Report on my Studies in Paris and Berlin'
1956 *Int. J. Psycho-Anal.*, **37** (1), 2–7. (Tr. James Strachey.)

The present translation is a slightly corrected reprint of the one published in 1956.

The Report with which the *Standard Edition of Freud's Psychological Works* appropriately opens is a contemporary account by its protagonist of a historic event. the diversion of Freud's scientific interests from neurology to psychology.

The circumstances in which Freud obtained a travelling bursary from Vienna University in 1885 are related in detail by Ernest Jones (1953, 82–4). The grant, which was for 600 florins (worth at that time something under £50 or $250) and intended to cover a period of six months, was allotted by the College of Professors in the Faculty of Medicine; and to them he was expected to make a formal report on his return to Vienna. He spent about ten days in writing it almost immediately after his arrival back, and had finished it on April 22, 1886. (Jones, ibid., 252.) On the initiative of Siegfried Bernfeld, this report was unearthed in the University Archives by Professor Josef Gicklhorn, and it became possible to publish it—in English first—seventy years after it was written, through the kindness of Dr. K. R. Eissler, Secretary of the Sigmund Freud Archives in New York. The original, which remains in the Archives of the University of Vienna, consists of twelve manuscript sheets, of which the first contains only the title.

The high importance which Freud himself always attributed to his studies under Charcot is a matter of common knowledge.

This report marks his experience at the Salpêtrière with the utmost clarity as a turning point. When he arrived in Paris, his 'chosen concern' was with the anatomy of the nervous system; when he left, his mind was filled with the problems of hysteria and hypnotism. He had turned his back on neurology and was moving towards psychopathology. It would even be possible to assign a precise date to the change—in early December, 1885, when he ceased his work in the pathological laboratory of the Salpêtrière, but the inconvenient arrangements at that laboratory, which he himself puts forward as the explanation, were, of course, no more than a precipitating cause of the momentous shift in the direction of Freud's interests. Other and deeper factors were at work, and among them, no doubt, the great personal influence which Charcot evidently exercised on him. He expressed his sense of that influence most fully in the obituary which he wrote on his teacher's death a few years later (1893*f*).[1] Much, indeed, of what he says of Charcot in his present report found a place in his later study.

A more personal account of Freud's stay in Paris will be found in the series of lively letters written by him to his future wife, many of which are included in the volume of his correspondence edited by Ernst Freud (1960*a*).

[1] Though perhaps the most emotional expression of his feelings is to be found in his preface to the translation of the *Tuesday Lectures* (pp. 135–6 below).

REPORT ON MY STUDIES IN PARIS AND BERLIN

CARRIED OUT WITH THE ASSISTANCE OF A TRAVELLING BURSARY GRANTED FROM THE UNIVERSITY JUBILEE FUND (OCTOBER, 1885–END OF MARCH, 1886)

by

DR. SIGMUND FREUD

Dozent in Neuropathology at the University of Vienna

To the Most Honourable College of Professors
in the Faculty of Medicine in Vienna.

In my application for the award of the Travelling Bursary from the University Jubilee Fund for the year 1885–6, I expressed my intention of proceeding to the Hospice de la Salpêtrière in Paris and of there continuing my studies in neuropathology. Several factors had contributed to this choice. In the first place, there was the certainty of finding collected together in the Salpêtrière a large assemblage of clinical material such as exists in Vienna only dispersed in various departments and therefore not easily accessible. Then there was the great name of J.-M. Charcot,[1] who has now been working and teaching in his hospital for seventeen years. And lastly, I was bound to reflect that I could not expect to learn anything essentially new in a German University after having enjoyed direct and indirect instruction in Vienna from Professors T. Meynert and H. Nothnagel.[2] The French school of neuropathology,[3] on the other hand, seemed to me to promise something unfamiliar and characteristic in its mode of working, and moreover to have embarked on new fields of neuropathology, which have not been similarly approached by scientific workers in Germany and Austria. In consequence of the scarcity of any lively personal contact between French and German physicians, the

[1] [Jean-Martin Charcot (1825–93).]

[2] [Theodor Meynert (1833–92) was Professor of Psychiatry in Vienna and Hermann Nothnagel (1841–1905), Professor of Medicine.]

[3] [This term covered a wider field in French and German usage than the equivalent English one.]

findings of the French school—some of them (upon hypnotism) highly surprising and some of them (upon hysteria) of practical importance—had been met in our countries with more doubt than recognition and belief; and the French workers, and above all Charcot, were obliged to submit to the charge of lacking in critical faculty or at least of being inclined to study rare and strange material and to dramatize their working-up of that material. Accordingly, when the honourable College of Professors distinguished me by the award of the Travelling Bursary, I gladly seized the opportunity which was thus offered of forming a judgement upon these facts based on my own experience, and I was happy, at the same time, to be in a position to realize the suggestion that had been made to me by my revered teacher, Professor von Brücke.[1]

While I was on a visit to Hamburg during the vacation, I was very kindly received by Dr. Eisenlohr, well known as the representative of neuropathology in that city.[2] He enabled me to examine a considerable number of nerve patients in the General Hospital and the Heine Hospital[3] and also gave me access to the Mental Hospital of Klein-Friedrichsberg. But the studies with which I am concerned in the present Report began only with my arrival in Paris in the first half of October, at the commencement of the academic year.

The Salpêtrière, which was the first place I visited, is an extensive set of buildings which, with its two-storey houses standing in quadrangles, as well as its courtyards and gardens, vividly recalls the General Hospital in Vienna. It has been put to many different uses during the course of years and its name (like that of our own '*Gewehrfabrik*') points to the first of these.[4] The buildings were finally converted into a home for aged

[1] [Ernst Wilhelm von Brücke (1819–92) was Professor of Physiology, and Director of the Institute of Physiology, Vienna, in which Freud had worked from 1876 to 1882.]

[2] [Freud spent six weeks during the autumn of 1885 at Wandsbek (just outside Hamburg), the home of his fiancée, Martha Bernays.—Dr. C. Eisenlohr (1847–96) was director of the Hamburg General Hospital. Freud speaks of him in his book on *Aphasia* (1891*b*, 50) as 'one of the soundest German neurologists'.]

[3] [The Jewish hospital.]

[4] ['*Salpêtrière*' means a factory or store-house for saltpetre. It was built as an arsenal in the reign of Louis XIII in the early part of the seventeenth century. Similarly '*Gewehrfabrik*' means an ordnance factory. This had been the original use of the building which housed Brücke's Institute of Physiology in Vienna.]

women ('Hospice pour la vieillesse (femmes)' [1813]) and provide a refuge for five thousand persons. It followed from the nature of the conditions that chronic nervous diseases were bound to figure in this clinical material with particular frequency; and former '*médecins des hôpitaux*'[1] at the institution (Briquet,[2] for instance) had started on a scientific review of the patients. But the work could not be systematically pursued, on account of the custom among French *médecins des hôpitaux* of frequently changing the hospital in which they work and at the same time the special branch of medicine which they are studying, until their career carries them to the great clinical hospital of the Hôtel-Dieu. But J.-M. Charcot, when he was an '*interne*' at the Salpêtrière in 1856, perceived the necessity of making chronic nervous diseases the subject of constant and exclusive study, and he determined to return to the Salpêtrière as a *médecin des hôpitaux* and never thereafter to leave it. Charcot declares in his modesty that his only merit lies in his having carried out this plan. He was led by the favourable character of his material to the study of the chronic nervous diseases and their pathological anatomical basis; and for some twelve years he delivered clinical lectures as a voluntary worker without holding any official post,[3] till at last, in 1881, a Chair of Neuropathology was instituted at the Salpêtrière and assigned to him.

This appointment involved far-reaching changes in the conditions under which Charcot and his pupils (who had meanwhile become numerous) were working. An essential complement was added to the permanent material present in the Salpêtrière by opening a clinical section in which male as well as female patients were admitted for treatment and which was recruited from weekly consultations in an out-patient department ('*consultation externe*'). Further, there were placed at the disposal of the Professor of Neuropathology a laboratory for anatomical and physiological studies, a pathological museum, a studio for photography and the preparation of plaster casts, an ophthalmological room, and an electrical and hydropathic institute. These were situated in various portions of the great hospital and made it possible for the Director to secure the

[1] ['*Médecin des hôpitaux*' corresponds roughly to a senior physician, and *interne* to a junior or house-physician.]

[2] [Paul Briquet (1796–1881), author of a monumental treatise on hysteria.]

[3] [During this time he held the Chair of Pathological Anatomy at the Collège de France, but worked at the Salpêtrière on a voluntary basis.]

permanent co-operation of some of his pupils, who were put in charge of these departments.[1]

The man who is at the head of all these resources and auxiliary services is now sixty years of age. He exhibits the liveliness, cheerfulness, and formal perfection of speech which we are in the habit of attributing to the French national character; while at the same time he displays the patience and love of work which we usually claim for our own nation. The attraction of such a personality soon led me to restrict my visits to one single hospital and to seek instruction from one single man. I abandoned my occasional attempts at attending other lectures after I had become convinced that all they had to offer were for the most part well-constructed rhetorical performances. The only exceptions were Professor Brouardel's forensic autopsies and lectures at the Morgue, which I rarely missed.[2]

My work in the Salpêtrière itself took on a different shape from what I had originally laid down for myself. I had arrived with the intention of making one single question the subject of a thorough investigation; and since in Vienna my chosen concern had been with anatomical problems, I had selected the study of the secondary atrophies and degenerations that follow on affections of the brain in children. Some extremely valuable pathological material was put at my disposal; but I found that the conditions for making use of it were most unfavourable. The laboratory was not at all adapted to the reception of an extraneous worker, and such space and resources as existed were made inaccessible owing to lack of any kind of organization. I thus found myself obliged to give up anatomical work[3] and rest content with a discovery concerned with the relations of the nuclei of the posterior column in the medulla oblongata. Later, however, I had an opportunity of resuming some similar investigations with Dr. von Darkschewitsch (of Moscow); and our collaboration led to a publication in the *Neurologisches Cen-*

[1] [The history of these changes and the extent of the reorganization of the Salpêtrière were described in detail by Charcot himself in the first of the lectures translated by Freud in 1886 (see footnote, p. 21 below). Freud's account is largely based on this.]

[2] [P. C. H. Brouardel (1837–1906) was a name famous in medical jurisprudence. Freud wrote appreciatively of him in a preface which he contributed nearly thirty years later (1913k) to a German translation of Bourke's *Scatologic Rites of all Nations*. He quoted there one of Brouardel's sayings which had struck him: 'Les genoux sales sont le signe d'une fille honnête.' ('Dirty knees are the sign of a respectable girl.')]

[3] [This was at the beginning of December, 1885 (Jones, 1953, 231).]

tralblatt (1886, 5, 212), bearing the title 'Über die Beziehung des Strickkorpers zum Hinterstrang und Hinterstrangskern nebst Bemerkungen über zwei Felder der Oblongata'.[1]

In contrast to the inadequacy of the laboratory, the clinic at the Salpêtrière provided such a plethora of new and interesting material that it needed all my efforts to profit by the instruction which this favourable opportunity afforded. The weekly timetable was divided as follows. On Mondays Charcot delivered his public lecture, which delighted its hearers by the perfection of its form, while its subject-matter was familiar from the work of the preceding week. What these lectures offered was not so much elementary instruction in neuropathology as information, rather, on the Professor's latest researches; and they produced their effect primarily by their constant references to the patients who were being demonstrated. On Tuesdays Charcot held his '*consultation externe*', at which his assistants brought before him for examination the typical or puzzling cases among the very large number attending the out-patient department. It was sometimes discouraging when the great man allowed some of these cases, to use his own expression, to sink back 'into the chaos of a still unrevealed nosography', but others gave him the opportunity of using them as a peg for the most instructive remarks on the greatest variety of topics in neuropathology.[2] Wednesdays were partly devoted to ophthalmological examinations, which Dr. Parinaud[3] carried out in Charcot's presence. On the remaining days of the week Charcot made his rounds of the wards, or continued whatever researches he was engaged in at the time, examining patients for this purpose in his consulting-room.

In this way I had an opportunity of seeing a long series of patients, of examining them myself and of hearing Charcot's opinion on them. But what seems to me to have been of greater value than this positive gain in experience was the stimulus which I received during the five months I spent in Paris from

[1] ['On the relation of the restiform body to the posterior column and its nucleus, with some remarks on two fields of the medulla oblongata.' (Freud, 1886*b*.) The paper is dated 'Paris, January 23, 1886'. For its contents and some remarks on L. O. von Darkschewitsch (1858–1925), see Jones, 1953, 205 and 225–6, and Freud's own abstract of the paper (1897*b*), *Standard Ed.*, 3, 237.]

[2] [These discussions formed the material of Charcot's famous series of volumes, *Leçons du Mardi* (*Tuesday Lessons*), one of which (for the year 1887–8) was later translated into German by Freud himself under the title *Poliklinische Vorträge* (*Out-patient Lectures*), Vienna, 1892–4.]

[3] [Henri Parinaud (1844–1905), a well-known eye-specialist.]

my constant scientific and personal contact with Professor Charcot.

As regards scientific contact I was scarcely given preference over any other foreigner. For the clinic was accessible to any physician who presented himself, and the Professor's work proceeded openly, surrounded by all the young men acting as his assistants as well as by the foreign physicians. He seemed, as it were, to be working with us, to be thinking aloud and to be expecting to have objections raised by his pupils. Anyone who ventured might put in a word in the discussion and no comment was left unnoticed by the great man. The informality of the prevailing terms of intercourse, and the way in which everyone was treated on a polite footing of equality—which came as a surprise to foreign visitors—made it easy even for the most timid to take the liveliest share in Charcot's examinations. One could see how, to begin with, he would stand undecided in the face of some new manifestation which was hard to interpret, one could follow the paths along which he endeavoured to arrive at an understanding of it, one could study the way in which he took stock of difficulties and overcame them, and one could observe with surprise that he never grew tired of looking at the same phenomenon, till his repeated and unbiased efforts allowed him to reach a correct view of its meaning.[1] When, in addition to all this, the complete sincerity is borne in mind which the Professor displayed during these sessions, it will be understood how it is that the writer of this report, like every other foreigner in a similar position, left the Salpêtrière as Charcot's unqualified admirer.

Charcot used to say that, broadly speaking, the work of anatomy was finished and that the theory of the organic diseases of the nervous system might be said to be complete: what had next to be dealt with was the neuroses. This pronouncement may, no doubt, be regarded as no more than an expression of the turn which his own activities have taken. For many years now his work has been centred almost entirely on the neuroses, and above all on hysteria, which, since the opening of the out-patient department and of the clinic, he has had an opportunity of studying in men as well as women.

I will venture to sum up in a few words what Charcot has achieved in the clinical study of hysteria. Up to now, hysteria can scarcely be regarded as a name with any well-defined meaning. The state of illness to which it is applied is only character-

[1] [This was based on Charcot's own words, often quoted by Freud. See the obituary (1893*f*), *Standard Ed.*, 3, 12 *n.* 1.]

ized scientifically by *negative* signs; it has been studied little and unwillingly, and it labours under the odium of some very widespread prejudices. Among these are the supposed dependence of hysterical illness upon genital irritation, the view that no definite symptomatology can be assigned to hysteria simply because *any* combination of symptoms can occur in it, and finally the exaggerated importance that has been attributed to simulation in the clinical picture of hysteria. During the last few decades a hysterical woman would have been almost as certain to be treated as a malingerer, as in earlier centuries she would have been certain to be judged and condemned as a witch or as possessed of the devil. In another respect there has, if anything, been a step backward in the knowledge of hysteria. The Middle Ages had a precise acquaintance with the 'stigmata' of hysteria,[1] its somatic signs, and interpreted and made use of them in their own fashion. In the out-patient department in Berlin, however, I found that these somatic signs of hysteria were as good as unknown and that in general, when a diagnosis of 'hysteria' had been made, all inclination to take any further notice of the patient seemed to be suppressed.

In his study of hysteria Charcot started out from the most fully developed cases, which he regarded as the perfect types of the disease.[2] He began by reducing the connection of the neurosis with the genital system to its correct proportions by demonstrating the unsuspected frequency of cases of male hysteria and especially of traumatic hysteria. In these typical cases he next found a number of somatic signs (such as the character of the attack, anaesthesia, disturbances of vision, hysterogenic points etc.), which enabled him to establish the diagnosis of hysteria with certainty on the basis of positive indications. By making a scientific study of hypnotism—a region of neuropathology which had to be wrung on the one side from scepticism and on the other from fraud—he himself arrived at a kind of theory of hysterical symptomatology. These symptoms he had the courage to recognize as for the most part real, without neglecting the caution demanded by the patients' disingenuousness. Rapidly increasing experience with the most excellent material soon enabled him to take into account as well the deviations from the typical picture. At the time when I was obliged to leave the clinic, he was passing on from the study of hysterical paralyses

[1] [Cf. 'The Aetiology of Hysteria' (1896c), *Standard Ed.*, 3, 192 *n.* 2.]

[2] [Charcot's use of the 'type' as a starting-point for forming a clinical picture of an illness was explained at some length by Freud in his preface to the *Leçons du Mardi* (see below, p. 134) and, more shortly, in his Charcot obituary (1893f), *Standard Ed.*, 3, 12.]

and arthralgias to that of hysterical atrophies, of whose existence he was able to convince himself only during the last few days of my visit.

The enormous practical importance of male hysteria (which is usually unrecognized) and particularly of the hysteria which follows upon trauma was illustrated by him from the case of a patient who for nearly three months formed the centre-point of all Charcot's studies. Thus, by his efforts, hysteria was lifted out of the chaos of the neuroses, was differentiated from other conditions with a similar appearance, and was provided with a symptomatology which, though sufficiently multifarious, nevertheless makes it impossible any longer to doubt the rule of law and order. I had a lively interchange of opinions with Professor Charcot (both by word of mouth and in writing) on the points of view arising from his investigations. This led to my preparing a paper which is to appear in the *Archives de Neurologie* and is entitled 'Vergleichung der hysterischen mit der organischen Symptomatologie'.[1]

I must remark here that the proposal to regard neuroses arising from trauma ('railway spine'[2]) as hysteria has met with lively opposition from German authorities, especially from Dr. Thomsen and Dr. Oppenheim, assistant physicians at the Charité[3] in Berlin. I made the acquaintance of both these gentlemen later in Berlin and hoped to seize the opportunity of ascertaining whether this opposition was justified. But unluckily the patients concerned were no longer at the Charité. I formed the opinion, however, that the question is not ripe for decision, but that Charcot had rightly begun by considering the typical and simpler cases, whereas his German opponents had started on the study of the indeterminate and more complicated examples. The assertion that such severe forms of hysteria as those

[1] ['A Comparison between Hysterical and Organic Symptomatology.' The paper was only published seven years later and with a different title: 'Quelques considérations pour une étude comparative des paralysies motrices organiques et hystériques' ('Some Points for a Comparative Study of Organic and Hysterical Motor Paralyses') (1893c). It appeared in French in the *Archives de Neurologie* in July 1893, just before Charcot's death. For a full account of the circumstances see pp. 157–9 below.]

[2] [In English in the original. The term (and similarly 'railway brain') had been introduced by Sir John Erichsen (1818–1896).]

[3] [The great teaching hospital attached to the University of Berlin. Robert Thomsen (1858–1914) and Hermann Oppenheim (1858–1919) were assistants of Westphal, Professor of Nervous and Mental Diseases. Oppenheim, later Professor of Neurology in Berlin, became one of the most vehement opponents of psycho-analysis.]

on which Charcot based his work did not occur in Germany was disputed in Paris; attention was drawn to the historical accounts of similar epidemics, and the identity of hysteria at every time and place was insisted upon.

Nor did I neglect the opportunity of acquiring a personal acquaintance with the phenomena of hypnotism, which are so astonishing and to which so little credence is attached, and in particular with the '*grand hypnotisme*' ['major hypnotism'] described by Charcot. I found to my astonishment that here were occurrences plain before one's eyes, which it was quite impossible to doubt, but which were nevertheless strange enough not to be believed unless they were experienced at first hand. I saw no sign, however, that Charcot showed any special preference for rare and strange material or that he tried to exploit it for mystical purposes. On the contrary, he regarded hypnotism as a field of phenomena which he submitted to scientific description, just as he had done many years before with multiple sclerosis or progressive muscular atrophy. He did not seem to me to be at all one of those men who marvel at what is rare rather than what is usual; and the whole trend of his mind leads me to suppose that he can find no rest till he has correctly described and classified some phenomenon with which he is concerned, but that he can sleep quite soundly without having arrived at the physiological explanation of that phenomenon.

I have given considerable space in this Report to remarks on hysteria and hypnotism because I had to deal with what was completely novel and the subject of Charcot's own particular studies. If I have said less on the organic diseases of the nervous system, I should not like it to be supposed that I saw little or nothing of them. I will only mention some of the specially interesting cases among the wealth of notable material presented. Such, for instance, were the forms of hereditary muscular atrophy recently described by Dr. Marie;[1] though these are no longer to be counted among diseases of the nervous system, they are still under the care of neuropathologists. Again, I may mention cases of Ménière's disease, of multiple sclerosis, of tabes, with all its complications and particularly accompanied by the disease of the joints described by Charcot, of partial epilepsy, and of other forms of illness that go to make up the stock material of clinics and out-patient departments for nervous diseases. Among functional illnesses (apart from hysteria), chorea and the various

[1] [Pierre Marie (1853-1940) became editor of the Paris *Revue Neurologique*, to which Freud later contributed some papers in French. He succeeded Charcot at the Salpêtrière.]

forms of '*tic*' (e.g. Gilles de la Tourette's disease) were receiving special attention during the time of my attendance.

When I heard that Charcot was intending to bring out a fresh collection of his lectures, I offered to make a German translation of it; and thanks to this undertaking I came into closer personal contact with Professor Charcot and was also able to prolong my stay in Paris beyond the period covered by my Travelling Bursary. This translation is to be published in Vienna in May of this year by the firm of Toeplitz and Deuticke.[1]

Finally I must mention that Professor Ranvier[2] of the Collège de France was kind enough to show me his excellent preparations of nerve-cells and neuroglia.

My stay in Berlin, which lasted from the first of March to the end of that month, fell during the vacation period. Nevertheless I had ample opportunities for examining children suffering from nervous diseases in the out-patient clinics of Professors Mendel and Eulenburg and of Dr. A. Baginsky, and I was everywhere most politely received.[3] Repeated visits to Professor Munk and to Professor Zuntz's agricultural laboratory (where I met Dr. Loeb of Strassburg[4]) enabled me to form my own judgement on the controversy between Goltz and Munk on the question of the localization of the visual sense in the cortex of the brain.[5] Dr. B. Baginsky,[6] of the Munk laboratory, was kind enough to

[1] [The book's publication seems to have been delayed for some months; it appeared under the title *Neue Vorlesungen über die Krankheiten des Nervensystems insbesondere über Hysterie* (*New Lectures on the Diseases of the Nervous System, particularly on Hysteria*). Freud's preface was dated July 18, 1886. For fuller information see p. 19 below, where Freud's Preface is translated.]

[2] [Louis-Antoine Ranvier (1835-1922), the famous histologist.]

[3] [Emanuel Mendel, Professor of Psychiatry, edited the *Neurologisches Centralblatt*, to which Freud made many contributions and for which he undertook to abstract neurological literature published in Vienna.—Albert Eulenburg (1840-1917) was Professor of Neurology and Electrotherapy.—Adolf Baginsky (1843-1918) was author of an important textbook on paediatrics and editor of the *Archiv für Kinderheilkunde*, for which Freud also undertook to abstract the neurological literature.]

[4] [This was no doubt Jacques Loeb (1859-1924), the celebrated biologist, who took his medical degree at Strassburg in 1885.]

[5] [Friedrich Goltz (1834-1902) and Hermann Munk (1839-1912) had a long and acrimonious controversy on this subject. Freud's interest in the question of the localization of function was shown soon afterwards in his book on aphasia (1891*b*).]

[6] [Benno Baginsky (1848-1919) was assistant to Professor Hermann Munk in the physiological laboratory of the Berlin Veterinary College.]

demonstrate to me his preparations of the course of the acoustic nerve and to ask my opinion of them.

I regard it as my duty to offer my warmest thanks to the College of Professors in the Faculty of Medicine in Vienna for selecting me for the award of the Travelling Bursary. In doing so, the College (among whom are numbered all my much respected teachers) have given me the possibility of acquiring valuable knowledge, of which I hope to make use as Dozent[1] in nervous diseases as well as in my medical practice.

VIENNA, *Easter* 1886

[1] [Freud had been appointed a 'Privat-Dozent' (roughly equivalent to a university lectureship) at about the same time as he had been granted the travelling bursary (see Jones, 1953, 76 ff.).]

PREFACE TO THE TRANSLATION OF CHARCOT'S *LECTURES ON THE DISEASES OF THE NERVOUS SYSTEM*

(1886)

EDITOR'S NOTE

PREFACE TO THE TRANSLATION OF CHARCOT'S *LEÇONS SUR LES MALADIES DU SYSTÈME NERVEUX· TOME TROISIÈME*

(*a*) German Edition:

1886 In J.-M. Charcot, *Neue Vorlesungen über die Krankheiten des Nervensystems insbesondere über Hysterie* [New Lectures on the Diseases of the Nervous System, particularly on Hysteria], iii iv, Leipzig and Vienna, Toeplitz and Deuticke.

The preface has not been reprinted in German. The present translation of it (the first into English) is by James Strachey. Freud's translation of two of the lectures (XXIII and XXIV) was published in advance in the *Wien. med. Wochenschr.*, **36** (20), 711–15 and (21), 756–9 (May 15 and 22, 1886), under the title 'Über einen Fall von hysterischer Coxalgie aus traumatischer Ursache bei einem Manne' ('On a case of hysterical coxalgia in a man, resulting from an accident') (Freud, 1886*e*). The publication of the book itself cannot have been earlier than July, 1886 (the date of Freud's preface); but it took place in any case before the French original (Paris, 1887), as Freud mentions in his preface.

A more detailed account of how Charcot gave Freud the commission to make the German translation of this book was given in his *Autobiographical Study* (1925*d*), *Standard Ed.*, **20**, 12, and also in a contemporary letter of Freud's to his future wife (December 12, 1885), printed in Freud, 1960*a* (Letter 88).

Freud's half-dozen footnotes, as he himself indicates in the preface, merely record later developments in one or two of the case histories reported in the text and in one instance a recent change of opinion by Charcot on a minor point of diagnosis. Three of the lectures (XI, XII and XIII) deal with aphasia. A short comment by Freud shows that he was already specially interested in the subject, on which he was to write his monograph five years later. He gave a short account there of

Charcot's views (1891*b*, 100–2), and referred back to the present work.

Jones (1953, 230) tells us that Charcot rewarded Freud for the translation by the gift of a complete set of his works bound in leather, with the inscription: 'À Monsieur le Docteur Freud, excellents souvenirs de la Salpêtrière. Charcot.'

PREFACE TO THE TRANSLATION OF CHARCOT'S *LECTURES ON THE DISEASES OF THE NERVOUS SYSTEM*

An undertaking such as the present one, which aims at introducing the teachings of a master of clinical medicine to wider medical circles, surely calls for no justification. I propose, therefore, to say only a few words on the origin of this translation and on the contents of the lectures contained in it.

When in the winter of 1885 I arrived at the Salpêtrière for a stay of almost half a year, I found that Professor Charcot (then working in his sixties with all the freshness of youth) had turned away from the study of the nervous diseases that are based on organic changes and was devoting himself exclusively to research into the neuroses—and particularly hysteria. This change was related to the alterations (described in the opening lecture in this volume) which had taken place in the conditions of Charcot's work and teaching in 1882.[1]

After I had overcome my initial bewilderment at the findings of Charcot's new investigations, and after I had learnt to appreciate their great importance, I asked Professor Charcot's permission to make a German translation of the lectures in which these new theories are contained. And here I have to thank him not only for the readiness with which he gave me his permission, but also for his further assistance, which made it possible for the German edition actually to be published several months *before* the French one. By the author's instructions I have added a small number of notes—mostly addenda to the histories of the patients dealt with in the text.

The core of this book lies in the masterly and fundamental lectures on hysteria, which, along with their author, we may expect to open a new epoch in the estimation of this little known and, instead, much maligned neurosis. For this reason, with Professor Charcot's assent, I have altered the book's title, which is in French: '*Leçons sur les maladies du système nerveux*, Tome troisième', and brought hysteria into prominence among the subjects with which it deals.

Anyone who is encouraged by these lectures to enter further

[1] [As explained in the Paris Report (p. 7 above), a Chair of Neuropathology had been established for Charcot at the Salpêtrière and facilities there for the study of the neuroses had been greatly extended.]

into the French school's researches on hysteria may be referred to P. Richer's *Études cliniques sur la grande hystérie*, of which a second edition appeared in 1885 and which is in more than one respect a noteworthy volume.

VIENNA, *July* 18, 1886

OBSERVATION OF A SEVERE CASE OF HEMI-ANAESTHESIA IN A HYSTERICAL MALE

(1886)

BEOBACHTUNG EINER HOCHGRADIGEN HEMI-ANÄSTHESIE BEI EINEM HYSTERISCHEN MANNE

(*a*) German Edition:

1886 *Wien. med. Wschr.*, **36** (49), 1633–38. (December 4.)

This paper seems never to have been reprinted. The present translation, by James Strachey, is the first into English. It was apparently intended that this should be the first of a series of papers, since there is a superscription which reads '*Beiträge zur Kasuistik der Hysterie*, I' (Contributions to the Clinical Study of Hysteria, I). But the series was not continued.

On October 15, 1886, some six months after his return from Paris, Freud read a paper before the Vienna 'Gesellschaft der Aerzte' (Society of Medicine) with the title 'Über männliche Hysterie' (On Male Hysteria). The text of this paper has not survived, though reports of it appeared in the Vienna medical periodicals: for instance, in the *Wien. med. Wochenschr.*, **36** (43), 1444–6 (October 23). It is also shortly summarized by Ernest Jones (1953, 252). Freud himself gives an account of the occasion in his *Autobiographical Study* (1925*d*), *Standard Ed.*, **20**, 15. The paper was badly received, and Meynert challenged Freud to present a case of male hysteria before the society. He met with some difficulty in finding one, since the senior physicians of the departments in the General Hospital refused to allow him to use their material. Eventually, with the help of a young laryngologist, he found a suitable patient elsewhere, and presented him before the 'Gesellschaft der Aerzte' on November 26, 1886. The case was demonstrated by Freud and by his friend Dr. Königstein, the ophthalmic surgeon, who had made an examination of the patient's eye symptoms. The latter's paper was printed in the *Wochenschrift* a week later than Freud's, in the issue of December 11 (1674–6). Freud tells us that the present paper met with a better reception than its predecessor, but nevertheless failed to arouse interest.

The greater part of the paper, it will be seen, is concerned with the physical phenomena of hysteria, on the lines characteristic of Charcot's attitude to the condition. There are only some very slight indications of an interest in psychological factors.

OBSERVATION OF A SEVERE CASE OF HEMI-ANAESTHESIA IN A HYSTERICAL MALE

GENTLEMEN,—When, on October 15, I had the honour of claiming your attention to a short report on Charcot's recent work in the field of male hysteria, I was challenged by my respected teacher, Hofrat Professor Meynert, to present before the society some cases in which the somatic indications of hysteria—the 'hysterical stigmata' by which Charcot characterizes this neurosis—could be observed in a clearly marked form. I am meeting this challenge to-day—insufficiently, it is true, but so far as the clinical material at my disposal permits—by presenting before you a hysterical man, who exhibits the symptom of hemi-anaesthesia to what may almost be described as the highest degree. Before beginning my demonstration, I will merely remark that I am far from thinking that what I am showing you is a rare or peculiar case. On the contrary, I regard it as a very ordinary case of frequent occurrence, though one which may often be overlooked.

For this patient I have to thank the kindness of Dr. von Beregszászy, who sent him to me for confirmation of his diagnosis. The patient is a 29-year-old engraver, August P., now before you: an intelligent man, who readily offered himself for my examination in the hope of an early recovery.

Allow me to begin with an account of his family history and of his life story. The patient's father died, at the age of 48, of Bright's disease; he was a cellar-man, a heavy drinker and a man of violent temper. His mother died, at the age of 46, of tuberculosis. She is said to have suffered much from headaches in earlier years; the patient has nothing to say of attacks of convulsions or anything of the sort. This couple were the parents of six sons, of whom the first led an irregular life and succumbed to a syphilitic cerebral affection. The second son is of special interest for us; he plays a part in the aetiology of his brother's illness and seems to have been a hysteric himself. For he told our patient that he had suffered from attacks of convulsions; and, by a strange coincidence, this very day I met a Berlin colleague who treated this brother in Berlin during an illness and had diagnosed him as suffering from hysteria—a diagnosis which was also confirmed in a hospital there. The third son is a deserter from the army and has since disappeared; the fourth

and fifth died at an early age, and the last is our patient himself.

Our patient developed normally in his childhood, he never suffered from infantile convulsions and went through the usual children's diseases. In his eighth year he had the misfortune of being run over in the street, he sustained a rupture of the right ear-drum, with permanent impairment of hearing in the right ear, and he fell sick of an illness which lasted for several months, during which he suffered frequently from fits, the nature of which it is no longer possible to discover to-day. These fits continued for some two years. To this accident dates back a slight intellectual dullness which the patient claims to have noticed in his progress at school, and a tendency to feelings of giddiness whenever he was unwell for any reason. Later, he completed his schooling and, after his parents' death, was apprenticed to an engraver; and it speaks very favourably for his character that he remained as journeyman with the same master for ten years. He pictures himself as a person whose thoughts were wholly and solely directed to perfection in his skilled craft, who with that end in view did much reading and drawing and denied himself all social intercourse and all entertainments. He was obliged to reflect a great deal about himself and his ambition, and in doing so often fell into a state of an excited flight of ideas, in which he became alarmed about his mental health; his sleep was often disturbed, his digestion was slowed down by his sedentary way of life. He has suffered from palpitations for the last nine years; but otherwise he was healthy and never interrupted in his work.

His present illness dates back for some three years. At that time he fell into a dispute with his dissolute brother, who refused to pay him back a sum of money he had lent him. His brother threatened to stab him and ran at him with a knife. This threw the patient into indescribable fear, he felt a ringing in his head as though it was going to burst; he hurried home without being able to tell how he got there, and fell to the ground unconscious in front of his door. It was reported afterwards that for two hours he had the most violent spasms and had spoken during them of the scene with his brother. When he woke up, he felt very feeble; during the next six weeks he suffered from violent left-sided headaches and intra-cranial pressure. The feeling in the left half of his body seemed to him altered, and his eyes got easily tired at his work, which he soon took up again. With a few oscillations, his condition remained like this for three years, until, seven weeks ago, a fresh agitation brought on a change for the worse. The patient was accused by a woman of a theft,

had violent palpitations, was so depressed for about a fortnight that he thought of suicide, and at the same time a fairly severe tremor set in in his left extremities. The left half of his body felt as though it had been affected by a slight stroke; his eyes became very weak and often made him see everything grey; his sleep was interrupted by terrifying apparitions and by dreams in which he thought he was falling from a great height; pains started in the left side of his throat, in his left groin, in the sacral region and in other areas; his stomach was often 'as though it was blown out', and he found himself obliged to stop working. A further worsening of all these symptoms dates from the last week. In addition, the patient is subject to violent pains in his left knee and his left sole if he walks for some time; he has a peculiar feeling in his throat as though his tongue was fastened up, he has frequent singing in his ears, and more of the same sort. His memory is impaired for his experiences during his illness, but is good for earlier events. The attacks of convulsions have been repeated from six to nine times during the three years; but most of them were very slight; only *one* attack at night last August was accompanied by fairly severe 'shaking'.

And now to consider the patient—a rather pale man of mediumly powerful development. The examination of his internal organs reveals nothing pathological apart from dull cardiac sounds. If I press on the point of exit of the supra-orbital, infra-orbital or mental nerves on the left side, the patient turns his head with an expression of severe pain. There is therefore, we might suppose, a neuralgic change in the left trigeminal. The cranial vault too is very susceptible to percussion in its left half. The skin of the left half of the head behaves, however, quite differently to our expectation: it is completely insensitive to stimuli of any kind. I can prick it, pinch it, twist the lobe of the ear between my fingers, without the patient even noticing the touch. Here, then, there is a very high degree of anaesthesia; but this affects not merely the skin but also the mucous membranes, as I will show you in the case of the patient's lips and tongue. If I insert a small roll of paper into his left external auditory meatus and then through his left nostril, no reaction is produced. I now repeat the experiment on the right side and show that there the patient's sensibility is normal. In accordance with the anaesthesia, the sensory reflexes, too, are abolished or reduced. Thus I can introduce my finger and touch all the pharyngeal tissues on the left side without the result being retching; the pharyngeal reflexes on the right side are, however, also reduced, only when I reach the epiglottis on the right side is there a reaction. Touching the

left conjunctiva palpebrarum and bulbi produces scarcely any closure of the lids; on the other hand, the corneal reflex is present, though very considerably reduced. Incidentally, the conjunctival and corneal reflexes on the right side are also reduced, though only to a lesser degree; and this behaviour of the reflexes is enough to enable me to conclude that the disturbances of vision need not be limited to the one (left) eye. And in fact, when I examined the patient for the first time, he exhibited in both eyes the peculiar polyopia monocularis of hysterical patients and disturbances of the colour-sense. With his right eye he recognized all the colours except violet, which he named as grey, with his left eye he recognized only a light red and yellow, while he regarded all the other colours as grey if they were light and black if they were dark. Dr. Konigstein was kind enough to submit the patient's eyes to a thorough examination and will himself report later on his findings. [See p. 24 above.] Turning to the other sense organs, smell and taste are entirely lost on the left side. Only hearing has been spared by the cerebral hemi-anaesthesia. It will be recalled that the efficiency of his right ear has been seriously impaired since an accident to the patient at the age of eight, his left ear is the better one; the reduction in hearing present in it is (according to a kind communication from Professor Gruber, sufficiently explained by a visible material affection of the tympanic membrane.

If we now proceed to an examination of the trunk and extremities, here again we find an absolute anaesthesia, in the first place in the left arm. As you see, I can push a pointed needle through a fold of the skin without the patient reacting against it. The deep parts—muscles, ligaments, joints—must also be insensitive to an equally high degree, since I can twist the wrist-joint and stretch the ligaments without provoking any feeling in the patient. It tallies with this anaesthesia of the deep parts that the patient, if his eyes are bandaged, also has no notion of the position of his left arm in space or of any movement that I perform with it. I bandage his eyes and then ask him what I have done with his left hand. He cannot tell. I tell him to take hold of his left thumb, elbow, shoulder, with his right hand. He feels about in the air, will perhaps take my hand, which I offer him, for his own, and then admits that he does not know whose hand he has hold of.

It must be especially interesting to find out whether the patient is able to find the parts of the left half of his face. One would suppose that this would offer him no difficulties, since, after all, the left half of his face is, so to speak, firmly cemented to the intact right half. But experiment shows the contrary. The patient

misses his aim at his left eye, the lobe of his left ear, and so on; indeed he seems to find his way about worse in groping with his right hand for the anaesthetic parts of his face than if he were touching a part of someone else's body. The blame for this is not a disorder in his right hand, which he is using for feeling about, for you can see with what certainty and speed he finds the spot when I tell him to touch places in the right half of his face.

The same anaesthesia is present in his trunk and left leg. We observe there that the loss of sensation has its limit at the mid-line or extends a trace beyond it.

Special interest seems to me to lie in the analysis of the disturbances of movement which the patient exhibits in his anaesthetic limbs. I believe that these disturbances of movement are to be ascribed wholly and solely to the anaesthesia. There is certainly no paralysis—of his left arm, for instance. A paralysed arm either falls limply down or is held rigid by contractures in forced positions. Here it is otherwise. If I bandage the patient's eyes, his left arm remains in the position it had taken up before. The disturbances of mobility are changeable and depend on several conditions. At first, those of you who noticed how the patient undressed himself with both hands and how he closed his left nostril with the fingers of his left hand, will not have formed an impression of any serious disturbance of movement. On closer observation it will be found that the left arm, and in particular the fingers, are moved more slowly and with less skill, as though they are stiff, and with a slight tremor. But every movement, even the most complicated, is performed and this is always so if the patient's attention is diverted from the organs of movement and directed solely to the aim of the movement.[1] It is quite otherwise if I tell him to carry out separate movements with his left arm without any remoter aim—for instance, to bend his arm at the elbow-joint while he follows the movement with his eyes. In that case his left arm appears much more inhibited than before, the movement is performed very slowly, incompletely, in separate stages, as though there were a great resistance to be overcome, and is accompanied by a lively tremor. The movements of the fingers are extraordinarily weak in these circumstances. A third kind of disturbance of movement, and the severest, is exhibited, finally, if he is expected to carry out separate movements with closed eyes. Something results, to be sure, with the limb which is absolutely anaesthetic, for, as you see, the motor innervation is independent of any sensory information such as normally flows in from a limb that is to be

[1] [Cf. in this connection a footnote to Appendix C to the *Project*, p. 394 below.]

moved; this movement, however, is minimal, not in any way directed to a particular segment, and not determinable in its direction by the patient. Do not assume, however, that this last kind of disturbance of movement is a necessary consequence of anaesthesia; precisely in this respect far-reaching *individual* differences are to be found. We have observed anaesthetic patients at the Salpêtrière who, if their eyes were closed, retained a much more far-reaching control over a limb that was lost to consciousness.[1]

The same influence of diverted attention and of looking applies to the left leg. For a good hour to-day the patient walked along the streets with me at a rapid pace, without looking at his feet as he walked. And all I could notice was that he put his left foot down turning it rather outwards and that he often dragged it along the ground.[2] But if I *order* him to walk, then he has to follow every movement of his anaesthetic leg with his eyes, and the movement occurs slowly and uncertainly and tires him very soon. Finally, with his eyes closed he walks altogether uncertainly, and he pushes himself along with both feet staying on the ground, as one of us would do in the dark on unknown territory. He also has great difficulty in remaining upright on his left leg only; if he shuts his eyes in that position, he immediately falls down.

I will go on to describe the behaviour of his reflexes. They are in general brisker than the normal, and moreover show little consistency with one another. The triceps and flexor reflexes are decidedly brisker in the right, non-anaesthetic extremity. The patellar reflex seems brisker on the left; the Achilles tendon reflex is equal on both sides. It is also possible to elicit a slight patellar response which is more clearly observable on the right. The cremasteric reflexes are absent; on the other hand the abdominal reflexes are brisk, and the left one immensely increased, so that the lightest stroking of an area of the abdominal skin provokes a maximal contraction of the left rectus abdominis.

In accordance with a hysterical hemi-anaesthesia, our patient exhibits, both spontaneously and on pressure, painful areas on what is otherwise the insensitive side of his body – what are known as 'hysterogenic zones',[3] though in this case their con-

[1] Cf. Charcot, 1886. [The reference is to a case reported in Lecture XXII of the volume of Charcot's lectures which Freud had just translated, see in particular page 275 of the German version (Freud, 1886*f*).]

[2] [This characteristic is the subject of a footnote in Freud's French paper on organic and hysterical paralyses (1893*c*), p. 163 below.]

[3] [See the account of these in the article on 'Hysteria' (1888*b*), p. 43 below.]

nection with the provoking of attacks is not marked. Thus the trigeminal nerve, whose terminal branches, as I showed you earlier, are sensitive to pressure, is the seat of a hysterogenic zone of this kind; also a narrow area in the left medial cervical fossa, a broader strip in the left wall of the thorax (where the skin too is still sensitive), the lumbar portion of the spine and the middle portion of the os sacrum (the skin is sensitive over the former of these as well). Finally, the left spermatic cord is very sensitive to pain, and this zone is continued along the course of the spermatic cord into the abdominal cavity to the area which in women is so often the site of 'ovaralgia'.

I must add two remarks relating to deviations of our case from the typical picture of hysterical hemi-anaesthesia. The first is that the right side of the patient's body is also not free from anaesthesia, though this is not of a high degree and seems to affect only the skin. Thus there is a zone of reduced sensitivity to pain (and feeling of temperature) over the dome of the right shoulder, another passes in a band round the peripheral end of the lower arm; the right leg is hypaesthetic on the outer side of the thigh and on the back of the calf.

A second remark relates to the fact that the hemi-anaesthesia in our patient exhibits very clearly the characteristic of instability. Thus, in a test for electrical sensitivity, contrary to my intention, I made a piece of skin at the left elbow sensitive; and repeated tests showed that the extent of the painful zones on the trunk and the disturbances of the sense of vision oscillated in their intensity. It is on this instability of the disturbance of sensitivity that I found my hope of being able to restore the patient in a short time to normal sensitivity.

TWO SHORT REVIEWS

(1887)

TWO SHORT REVIEWS[1]

REVIEW OF AVERBECK'S *DIE AKUTE NEURASTHENIE*[2]

How little the so-called clinical education acquired in our hospitals suffices for the needs of practical physicians is most strikingly shown, perhaps, from the example of 'neurasthenia'. That pathological condition of the nervous system may comfortably be described as the commonest of all the diseases in our society; it complicates and aggravates most other clinical pictures in patients of the better classes and it is either still quite unknown to the many scientifically educated physicians or is regarded by them as no more than a modern name with an arbitrarily compounded content. Neurasthenia is not a clinical picture in the sense of textbooks based too exclusively on pathological anatomy; it should rather be described as a mode of reaction of the nervous system. It would deserve the most general attention on the part of physicians who are working scientifically—no less attention than it has already found among physicians who are working as therapists, among directors of sanatoria, etc. A recommendation to wider circles is therefore the due of the present short work, with its felicitous, though intentionally high-pitched, descriptions and its proposals and observations touching on social conditions. These, as its author suspects, will not always meet with his colleagues' agreement, though it will everywhere arouse their interest. His remark on compulsory military service as a cure for the evils of civilized life and his proposal that periodic recuperation should be made possible for the working middle-class in times of good health by *State* assistance—these are open to manifold objections. It must be admitted, however, that the booklet treats of important questions of medical care in an imaginative manner.

DR. SIGM. FREUD

[1] [During the period after Freud's return to Vienna from Paris he did a certain amount of reviewing for medical periodicals. The two reviews which are translated here are, however, the only ones that have been found which deal with psychopathology; the remainder are of a neurological character. They seem never to have been reprinted in German, and the two present translations (by James Strachey) are probably the first into English.]

[2] [*Wiener med. Wochenschr.*, 37 (5), 138. (January 29, 1887.) *Die akute Neurasthenie, ein ärztliches Kulturbild* (Acute neurasthenia, a medical social picture) by Dr. med. Averbeck. (Offprint from *Deutsche Medizinal-Zeitung*.)]

TWO SHORT REVIEWS

REVIEW OF WEIR MITCHELL'S *DIE BEHANDLUNG GEWISSER FORMEN VON NEURASTHENIE UND HYSTERIE*[1]

THE therapeutic procedure proposed by Weir Mitchell, the highly original nerve specialist in Philadelphia, was first recommended in Germany by Burkart and has been given full recognition during the last year in a lecture by Leyden. This procedure, by a combination of rest in bed, isolation, feeding-up, massage and electricity in a strictly regulated manner, overcomes severe and long-established states of nervous exhaustion. It is Leyden, too, who was responsible for arranging the translation of the present short volume. It contains the most valuable advice for the selection of cases suitable for the treatment in question and some interesting remarks on the operation of the different therapeutic forces which compose the Weir Mitchell treatment. It will no doubt bring a widening of his knowledge to every physician. The specifically English arrangement of the sentences and thoughts has perhaps been preserved too exactly in the translation. The terms 'hysteria' and 'hysterical' are employed for the most part in the vulgar and not in the scientific sense of that much-abused word.

DR. SIGM. FREUD

[1] [*Wiener med. Wochenschr.*, 37 (5), 138. (January 29, 1887.) *Die Behandlung gewisser Formen von Neurasthenie und Hysterie* ('The treatment of certain forms of neurasthenia and hysteria') by S. Weir Mitchell, translated by Dr. G. Klemperer. Berlin: Aug. Hirschwald, 1887. In its American original this volume bears the title *Fat and Blood, and How to Make Them*. in some of its many editions there is a sub-title with the words used in the German title above. It will be recalled that at this period Freud himself made use of the Weir Mitchell treatment, and writes very favourably of the result of combining it with cathartic treatment. Cf. the end of Section (1) of Freud's technical contribution to the *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 267. (See also p. 55 below.)]

HYSTERIA

(1888)

EDITOR'S NOTE

HYSTERIE

(*a*) German Editions:

1888 In *Handwörterbuch der gesamten Medizin*, ed. A. Villaret, Stuttgart, **1**, 886–92.

1953 *Psyche*, **7** (9), 486–500.

The present translation, by James Strachey, seems to be the first into English.

In two of Freud's letters to Fliess published in the *Anfänge* (1950*a*), of May 28 (Letter 4) and August 29 (Letter 5) both of 1888—and, by implication, in a third, of November 24, 1887 (Letter 1)—he speaks of his contributions to Villaret's encyclopaedia, a work published in two volumes (1888 and 1891). Since the articles in Villaret are unsigned, it is not possible to be completely sure of their authorship. Freud himself specifies only one of them in these letters—that on cerebral anatomy—and complains that it has been very much cut down; but in his *Autobiographical Study* (1925*d*) he further mentions an article on aphasia, *Standard Ed.*, **20**, 18. The editors of the *Anfänge* suggest in addition that articles on infantile palsies and on paralyses might be attributed to him, and, with more conviction, include as probably by Freud the one on hysteria which follows below.[1]

The 1953 reprint of this article in *Psyche*, the Stuttgart periodical, is preceded by a short paper by Professor Paul Vogel which gives an admirable and convincing summary of the arguments for believing that the article is in fact by Freud. No one who reads it in relation with Freud's contemporary writings can feel doubt as to its authorship.[2] Apart from a whole series of duplications of views expressed by Freud elsewhere in his signed works, there is one particular point which seems conclusive. This is a passage towards the end in which the cathartic method of treatment is explicitly described and is attributed to

[1] Another very much shorter article, on hystero-epilepsy, is less obviously by Freud, though a footnote to it seems most likely to be his. We have included this article in an appendix below (p. 58).

[2] The one possible question is raised by an apparent misrepresentation of Charcot's views on p. 42.

Breuer. At this date (1888) Breuer's method had not been published either by himself or by anyone else. Its first publication was in the Breuer and Freud 'Preliminary Communication' more than four years later (1893*a*). Freud, as he tells us (1925*d*, *Standard Ed.*, **20**, 19), had long been in Breuer's confidence and had known of his method even before going to Paris (in 1885). Thus Freud's authorship may be taken as established.[1]

The article as a whole shows Freud still closely following the doctrines of Charcot in his account of hysteria, though, quite apart from the reference to Breuer, there are two or three passages, especially towards the end of the article, in which there are clear signs of a more independent attitude.

[1] Incidentally, this passage serves further to demolish the myth, which is still met with, that the cathartic method originated with Pierre Janet, whose book, which included similar notions, was published in 1889 and so seemed to give him a technical priority over Breuer. The present reference in 1888, which has, oddly enough, usually been overlooked, finally disposes of this claim. But in all this discussion weight must be allowed to Andersson's view, which is very briefly indicated in a footnote pelow on p. 57.

HYSTERIA

HYSTERIA (ὑστέρα, womb), (French, *hystérie*; English, *hysterics* [sic]; Italian, *isteria*, f., *isterismo*, m.).

I. HISTORY. The name 'hysteria' originates from the earliest times of medicine and is a precipitate of the prejudice, overcome only in our own days, which links neuroses with diseases of the female sexual apparatus. In the Middle Ages neuroses played a significant part in the history of civilization, they appeared in epidemics as a result of psychical contagion, and were at the root of what was factual in the history of possession and of witchcraft. Documents from that period prove that their symptomatology has undergone no change up to the present day. A proper assessment and a better understanding of the disease only began with the works of Charcot and of the school of the Salpêtrière inspired by him. Up to that time hysteria had been the *bête noire* of medicine. The poor hysterics, who in earlier centuries had been burnt or exorcized, were only subjected, in recent, enlightened times, to the curse of ridicule; their states were judged unworthy of clinical observation, as being simulation and exaggerations.

Hysteria is a neurosis in the strictest sense of the word—that is to say, not only have no perceptible changes in the nervous system been found in this illness, but it is not to be expected that any refinement of anatomical techniques would reveal any such changes. Hysteria is based wholly and entirely on physiological modifications of the nervous system and its essence should be expressed in a formula which took account of the conditions of excitability in the different parts of the nervous system. A physio-pathological formula of this kind has not yet, however, been discovered; we must be content meanwhile to define the neurosis in a purely nosographical fashion by the totality of symptoms occurring in it, in the same sort of way as Graves' disease is characterized by a group of symptoms—exophthalmos, struma, tremor, acceleration of the pulse and psychical change—without any consideration of the closer connection between these phenomena.

II. DEFINITION. German, as well as English, authorities are still in the habit to-day of allotting the descriptions 'hysteria' and 'hysterical' capriciously, and of throwing 'hysteria' into a heap along with general nervousness, neurasthenia, many

psychotic states and many neuroses which have not yet been picked out from the chaos of nervous diseases. Charcot, on the contrary, holds firmly to the view that 'hysteria' is a sharply circumscribed and well-defined clinical picture, which may be most clearly recognized in the extreme cases of what is known as '*grande hystérie*' [major hysteria] (or hystero-epilepsy).[1] Hysteria also covers the milder and rudimentary forms which occur in a series gradually shading off from the type of *grande hystérie* to the normal. Hysteria is fundamentally different from neurasthenia and indeed, strictly speaking, is contrary to it.

III. Symptomatology. The extremely rich, but not at all on that account anarchical, symptomatology of 'major hysteria' is composed of a series of symptoms which include the following:

(1) *Convulsive attacks.* These are preceded by a peculiar 'aura': pressure in the epigastrium, constriction in the throat, throbbing in the temples, ringing in the ears, or portions of this complex of feelings. These aura-sensations, as they are called, also appear in hysterical patients on their own account or represent an attack in themselves alone. Especially well-known is the *globus hystericus*, a feeling referable to spasms of the pharynx, as though a lump were rising up from the epigastrium to the throat. An attack proper, if it is complete, manifests three phases.[2] The first, 'epileptoid', phase resembles a common epileptic fit, occasionally a unilateral epileptic fit. The second phase, that of the '*grands mouvements*', manifests movements of wide compass, such as what are known as 'salaam' movements, arched attitudes (*arc de cercle*), contortions and so on. The strength developed in these is often quite immense. To distinguish these movements from an epileptic fit, it may be remarked that hysterical movements are always performed with an elegance and co-ordination, which is in strong contrast to the clumsy coarseness of epileptic spasms. Moreover, comparatively severe injuries are for the most part avoided even in the most violent hysterical convulsions. The third, *hallucinatory*, phase of a hysterical attack, the '*attitudes passionnelles*', is distinguished by

[1] [See, however, the footnote to the article on 'hystero-epilepsy' quoted below (p. 58).]

[2] [Charcot usually specifies *four* phases for major hysterical attacks. See, for instance, Sketch C below, p. [illegible], and the 'Preliminary Communication' (1893*a*) itself, *Standard Ed.*, 2, 1[illegible]. Charcot is not always so definite, and the fourth [illegible], the 'terminal delirium', seems sometimes to be omitted. Cf. his differing accounts in works translated by Freud: Freud, 1886*f*, 2[illegible] ('four sharply distinguished periods') and Freud, 1892-4, 135 ('the whole series of three phases').]

attitudes and gestures which belong to scenes of passionate movement, which the patient hallucinates and often accompanies with the corresponding words. During the entire attack consciousness may either be retained or be lost – more often the latter. Attacks of the kind described are often linked together in a series, so that the whole attack may last for several hours or days. The rise in temperature during them is (in contrast to what happens in epilepsy) insignificant. Each phase of the attack or each separate portion of a phase may be isolated and may stand for the attack in rudimentary cases. We naturally come across abbreviated attacks of this kind incomparably more often than complete ones. Of especial interest are those hysterical attacks which, instead of the three phases, exhibit a coma appearing in an apoplectiform manner – the so-called '*attaques de sommeil*' [attacks of sleep]. This coma may resemble natural sleep, or may be accompanied by so great a reduction of respiration and circulation as to be taken for death. There are authenticated instances of states of this sort lasting for weeks and months; in such prolonged sleep bodily nutrition gradually diminishes, but danger to life is not involved. In about a third of the cases of hysteria the symptom of attacks, which is so characteristic, is absent.

(2) *Hysterogenic zones.* Intimately connected with attacks we find what are called 'hysterogenic zones', supersensitive areas of the body, on which a slight stimulus releases an attack, the aura of which often starts with a feeling from this area. These areas may be situated in the skin, in the deep parts, the bones, the mucous membranes, even in the sense-organs. They are found more often on the trunk than on the extremities, and they have a predilection for certain places – for instance, in women (and even in men[1]), in an area of the abdominal wall corresponding to the ovaries, in the crown of the head and the region under the breast, and in men in the testes and spermatic cord. Pressure on these areas often releases, not a convulsion, but aura-sensations. It is also possible to exercise an inhibiting influence from many of these hysterogenic zones upon convulsive attacks; a strong pressure on the ovarian area, for instance, rouses many patients from the middle of a hysterical attack or from hysterical sleep. In the case of such patients one can guard against a threatening attack by making them wear a belt like a truss, the pad of which presses on the ovarian area. The hysterogenic zones are sometimes numerous, sometimes few, and may be unilateral or bilateral.

(3) *Disturbances of sensibility.* These are the most frequent

[1] [See the case demonstrated by Freud, p. 31 above.]

indications of the neurosis and the most important diagnostically. They persist even during periods of remission and are the more important because disturbances of sensibility play a relatively small part in organic brain diseases. They consist in *anaesthesia* or *hyperaesthesia*, and exhibit the greatest freedom in their extent and their degree of intensity, such as is attained in no other disease. Anaesthesia may affect the skin, mucous membranes, bones, muscles and nerves, sense organs and intestines; but the commonest is anaesthesia of the skin. In the case of *hysterical anaesthesia of the skin* all the different sorts of skin sensation can be dissociated and can behave quite independently of one another. The anaesthesia may be total or may affect only the feeling of pain (analgesia—which is the most common), or only sensations of temperature, pressure or electricity, or muscular sense. Only one possibility is not realized in hysteria: an impairment of the sense of touch while the other qualities are retained. On the other hand it may happen that pure tactile sensations give rise to a painful impression (*alphalgesia*). Hysterical anaesthesia often attains such a high degree that the most powerful faradization of nerve-trunks produces no sensory reaction. In extent the anaesthesia may be total; in rare cases it may affect the whole surface of the skin and the majority of the sense organs. More often, however, it is a *hemi-anaesthesia*, like that produced by injury to the internal capsule, but it is distinguished from hemi-anaesthesia due to organic disease by the fact that it usually oversteps the mid-line at some point —for instance, that it includes the tongue, larynx or genitals as a whole—and that the eyes are not affected in the form of hemianopsia, but as amblyopia or as amaurosis of one eye. Furthermore, hysterical hemi-anaesthesia has greater freedom in the form of its distribution, it may happen that one sense organ or one organ on the anaesthetic side may escape the anaesthesia entirely, and any sensible area in the picture of the hemi-anaesthesia may be replaced by the symmetrical area on the other side (spontaneous *transfert*, see below [p. 48]). Finally, hysterical anaesthesia may appear in disseminated foci, unilateral or bilateral, or merely in certain areas, monoplegic on the extremities or in patches over diseased internal organs (pharynx, stomach, etc.).

In all of these relations it can be replaced by hyperaesthesia. —In the case of hysterical anaesthesia the sensory reflexes are as a rule reduced (for instance, the conjunctival, sternutatory and pharyngeal reflexes, but the vital corneal and glottis reflexes are retained. The vasomotor reflexes and dilatation of the pupils through stimulation of the skin are not interrupted even

when it is subject to the highest degree of anaesthesia. Hysterical anaesthesia is always a symptom which has to be looked for by the physician, since for the most part, even when it is of wide extent and of great severity, it usually escapes the patient's perception entirely. In contrast to organic anaesthesia, it must be emphasized that hysterical disturbances of sensibility do not as a rule hinder patients in any motor activity. Areas of the skin which are hysterically anaesthetic are often characterized by local anaemia and do not bleed when pricked, this, however, is only a complication and is not a necessary condition of the anaesthesia. It is possible to separate the two phenomena from each other artificially. There is often a reciprocal relation between anaesthesia and hysterogenic zones, as though the whole sensibility of a comparatively large part of the body were compressed into the one zone.—Disturbances of sensibility are the symptoms on which it is possible to base a diagnosis of hysteria, even in its most rudimentary forms. In the Middle Ages the discovery of anaesthetic and non-bleeding areas (*stigmata Diaboli*) was regarded as evidence of witchcraft.

(4) *Disturbances of sensory activity.* These can affect all the sense organs, they may appear simultaneously with or independently of changes in the sensibility of the skin. Hysterical disturbance of vision consists in unilateral amaurosis or amblyopia or in bilateral amblyopia, but never in hemi-anopsia. Its symptoms are: normal examination of the fundus, absence of the conjunctival reflex (diminished corneal reflex), concentric narrowing of the field of vision, reduction of light-perception, and achromatopsia. In the case of the last-mentioned, the sensation of viole is the first to be lost, the sensation of red or blue persists longest. The phenomena fit in with no theory of colour-blindness; the different sensations of colour behave independently of one another. There are frequent disturbances of accommodation, and false conclusions resulting from them. Objects approaching the eye and moving away from it are seen in different sizes and double or several times (monocular diplopia with macropsia and micropsia). Hysterical deafness is rarely bilateral, mostly more or less complete, combined with anaesthesia of the auricle, the auditory canal and even of the tympanic membrane. Where there is hysterical disturbance of taste and smell, too, it is as a rule possible to find an anaesthesia of the regions of the skin and mucous membrane belonging to the sense-organ. Paraesthesia and hyperaesthesia of the inferior sense-organs are frequent in hysterical patients; occasionally there is an extraordinary refinement of sensory activity, particularly of smell and hearing.

(5) *Paralyses.* Hysterical paralyses are rarer than anaesthesia and almost always accompanied by anaesthesia of the paralysed part of the body, whereas in organic illnesses the disturbances of motility preponderate and emerge independently of anaesthesia. Hysterical paralyses take no account of the anatomical structure of the nervous system which, as is well known, shows itself most unambiguously in the distribution of organic paralyses.[1] Above all, there are no hysterical paralyses which could be equated with peripheral facial, radial, and serratus paralyses—that is, which comprise groups of muscles or muscle and skin, combined in the way which is determined by a common anatomical innervation. Hysterical paralyses are only comparable with cortical ones, but are distinguished from those by a number of features. For there is such a thing as a hysterical hemiplegia, in which, however, only the arm and leg on the same side are involved, there is no such thing as a hysterical facial paralysis. At most, alongside of the paralysis of the extremities, there may be a spasm of the facial muscles and of the tongue, situated sometimes on the side of the paralysis and sometimes on the opposite side, and manifested among other things by an excessive deviation of the tongue. Another distinctive characteristic of hysterical hemiplegia lies in the fact that the paralysed leg is not moved in a circular wheeling motion at the hip but is dragged along like a lifeless appendage.[2] Hysterical hemiplegia is always linked with a hemi-anaesthesia which is usually of a comparatively severe degree. Furthermore, in hysteria we meet with paralysis of an arm or a leg independently or of both legs (paraplegia). In the latter case paralysis of the bowel and of the bladder may accompany the anaesthesia of the legs and the clinical picture may consequently come closely to resemble a spinal paraplegia. The paralysis, again, instead of extending to a whole limb, may affect sections of it—a hand, shoulder, elbow, etc. In this there is no preference for the terminal portion, whereas it is characteristic of an organic paralysis that it is always more pronounced at the distal portion of the limb than at the proximal portions. In the case of a partial paralysis of a limb the anaesthesia usually observes the same limits as the paralysis, and is circumscribed by lines which are at right angles to the longitudinal axis of the limb. In

[1] [This section corresponds to the main topic of Freud's French paper on the comparison between organic and hysterical paralyses (1893c), probably written for the most part in the same year as this article (1888), though not published till five years later. See p. 157 below.]

[2] [Cf. an enlargement of this point in a footnote to the French paper just quoted, p. 163 n. below.]

hysterical paralysis of the legs the triangle of skin between the gluteal muscles, corresponding to the sacrum, escapes anaesthesia. In all these paralyses, the phenomena of descending degeneration are absent, however long the paralyses may last; there is often a high degree of muscular flaccidity, the behaviour of the reflexes is inconstant, on the other hand the paralysed extremities may atrophy and indeed they succumb to an atrophy which develops very rapidly, soon comes to a stop and is accompanied by no change in electrical excitability. To the paralyses of the limbs must be added hysterical aphasia, or more correctly dumbness, which consists in an inability to produce any articulate sound or [even] to carry out unvoiced speech-movements. It is always accompanied by *aphonia*, which also occurs by itself; ability to write is retained in such cases and even increased. The remaining motor paralyses in hysteria cannot be related to parts of the body but only to functions: e.g. astasia and abasia (inability to walk and to stand); this occurs while the legs retain their sensibility, their coarse power and the capacity for performing any kind of movement when in a horizontal position—a separation of the functions of the same muscles which is not found with organic lesions.[1] All hysterical paralyses are distinguished by the fact that they may be of the greatest severity but at the same time be sharply restricted to a particular part of the body, whereas organic paralyses as a rule extend over a larger area as their severity increases.[2]

(6) *Contractures.* In the more serious forms of hysteria there is a general tendency for the muscular apparatus to respond to slight stimuli by contracture (*diathèse de contracture*). The mere application of an Esmarch bandage may be enough for this. Contractures of this kind also occur frequently in less severe cases and in the most various muscles. In the extremities they are characterized by their excessive height and may occur in every position, not explicable by the stimulation of particular nerve-trunks. They are uncommonly obstinate, do not, like organic contractures, relax in sleep, nor can their intensity be changed by excitation, temperature, etc. They only yield in the deepest narcosis, and after waking re-establish themselves at their full height. Muscular contractures are very frequent in the other organs, sense-organs and intestines and in a number of cases, too, constitute the mechanism by which function is suspended in paralyses. The tendency to clonic spasms is also much increased in hysteria.

(7) *General characteristics.* The symptomatology of hysteria has

[1] [This precise point is made in the French paper, p. 164 below.]

[2] [For this, too, cf. the French paper, pp. 164–5 below.]

a number of general characteristics, a knowledge of which is important both for the diagnosis and for the understanding of hysteria. Hysterical manifestations have, by preference, the characteristic of being excessive: a hysterical pain is described by patients as extremely painful, an anaesthesia and a paralysis may easily become absolute, a hysterical contracture brings about the greatest retraction of a muscle of which it is capable. At the same time, any particular symptom can occur, so to say, in isolation: anaesthesia and paralysis are not accompanied by the general phenomena which, in the case of organic lesions, give evidence of a cerebral affection and which as a rule by their importance put the localizing symptoms in the shade. Next to an absolutely insensitive area of skin there will be one of absolutely normal sensibility. Along with a totally paralysed arm there will be a perfectly intact leg on the same side. *It is especially characteristic of hysteria for a disorder to be at the same time most highly developed and most sharply limited.* Furthermore, hysterical symptoms shift in a manner which from the outset excludes any suspicion of a material lesion. This shifting of the symptoms is brought about either spontaneously (for instance, after convulsive attacks, which often change the distribution of paralysis and anaesthesia or suspend them) or owing to artificial influence by what are called aesthesiogenic methods (such as electricity, the application of metals, the employment of cutaneous irritants, magnets, etc. This latter method of influence seems all the more remarkable in view of the fact that a hysterical nervous system offers great resistance as a rule to chemical influence by internal medication and reacts in a positively perverse manner to narcotics such as morphine and chloral hydrate. Among the means which are capable of removing hysterical symptoms especial emphasis must be laid on the influence of excitement and of hypnotic suggestion, the latter because it points directly to the mechanism of hysterical disorders and cannot be suspected of producing any but psychical effects. When hysterical symptoms are shifted, some striking circumstances come into prominence. By the use of 'aesthesiogenic' methods it is possible to transfer an anaesthesia, a paralysis, a contracture, a tremor, etc., to the symmetrical area in the other half of the body ('*transfert*'), while the originally diseased area becomes normal. In this way hysteria gives evidence of the symmetrical relation of which moreover there are hints that it plays a part in physiological states as well—just as, in general, neuroses create nothing new but only develop and exaggerate physiological relations. A further and extremely important characteristic of hysterical disorders is that they do not

in any way present a copy of the anatomical conditions of the nervous system. It may be said that hysteria is as ignorant of the science of the structure of the nervous system as we ourselves before we have learnt it.[1] The symptoms of organic affections, as is well known, reflect the anatomy of the central organ and are the most trustworthy sources of our knowledge of it. We must for that reason dismiss the thought that some possible organic disorder lies at the root of hysteria, nor must we appeal to vaso-motor influences (vascular spasms) as the cause of hysterical disorders. A vascular spasm is from its nature an organic change, the effect of which is determined by anatomical conditions, and it differs from an embolism, for instance, only by the fact that it leads to no *permanent* change.

Alongside of the physical symptoms of hysteria, a number of psychical disturbances are to be observed, in which at some future time the changes characteristic of hysteria will no doubt be found but the analysis of which has hitherto scarcely been begun. These are changes in the passage and in the association of ideas, inhibitions of the activity of the will, magnification and suppression of feelings, etc.—which may be summarized as *changes in the normal distribution over the nervous system of the stable amounts of excitation*. A psychosis in the psychiatrist's sense of the word is not a part of hysteria, though it can develop on the foundation of the hysterical *status* and is then to be regarded as a complication. What is popularly described as a hysterical temperament – instability of will, changes of mood, increase of excitability with a diminution of all altruistic feelings – may be present in hysteria, but is not absolutely necessary for its diagnosis. There are severe cases of hysteria in which a psychical change of that kind is entirely absent; many of the patients who belong to this class are among the most amiable, clear-minded people, with the strongest will, who feel their illness distinctly as something foreign to their nature. The psychical symptoms have their significance in the total picture of hysteria, but they are no more constant than the different physical symptoms, the stigmata. On the other hand, the psychical changes which must be postulated as being the foundation of the hysterical *status* take place wholly in the sphere of unconscious, automatic, cerebral activity. It may, perhaps, further be emphasized that in hysteria the influence of psychical processes on physical processes in the organism (as in all neuroses) is increased, and that hysterical patients work with a surplus of excitation in the nervous system – a surplus which manifests itself, now as an

[1] [This is almost a literal replica of the well known sentence in the French paper (p. 169 below).—Cf. on '*transfert*' p. 79 below.]

inhibitor, now as an irritant, and is displaced within the nervous system with great freedom.[1]

Hysteria must be regarded as a *status*, a nervous diathesis, which produces outbreaks from time to time. The aetiology of the *status hystericus* is to be looked for entirely in heredity: hysterics are always hereditarily disposed to disturbances of nervous activity, and epileptics, psychical patients, tabetics, etc., are found among their relatives. Direct hereditary transmission of hysteria, too, is observed, and is the basis, for instance, of the appearance of hysteria in boys (from their mother). Compared with the factor of heredity all other factors take a second place and play the part of incidental causes, the importance of which is as a rule overrated in practice.[2] The accidental causes of hysteria are, however, to this extent important that they release the onset of hysterical outbreaks, of acute hysterias. As factors calculated to encourage the development of a hysterical disposition may be mentioned: a mollycoddling upbringing (hysteria in only children), premature awakening of mental activity in children, frequent and violent excitements. All these influences are equally prone to bring about neuroses of other kinds (e.g. neurasthenia), so that the decisive influence of hereditary disposition is strikingly shown in this. As factors which produce outbreaks of acute hysterical illness may be adduced: trauma, intoxication (lead, alcohol), grief, emotion, exhausting illness—anything, in short, which is able to exercise a powerful effect of a detrimental kind. On other occasions hysterical states are often generated by trivial or obscure causes. As regards what is often asserted to be the preponderant influence of abnormalities in the sexual sphere upon the development of hysteria, it must be said that its importance is as a rule over-estimated. In the first place, hysteria is found in sexually immature girls and boys, just as, too, the neurosis with

[1] [The conceptions in this paragraph of the importance of the distribution of excitation in the nervous system are familiar in Freud's writings of this period. (See, for instance, the last paragraphs of his introduction to Bernheim, p. 83 below.) The final sentence here, on a surplus of excitation acting as an inhibitor or as an irritant, appears to foreshadow the 'principle of constancy'.]

[2] [The present passage is a pure statement of Charcot's views with his stress upon heredity, his doctrine of the '*famille névropathique*', and his relegation of all other factors to the rank of '*agents provocateurs*'. Only a few years later Freud was attacking these views: for instance, in his footnotes to Charcot's *Leçons du mardi* (1892–4), pp. 142 and 143 below, in his obituary of Charcot (1893*f*), *Standard Ed.*, 3, 21, and lastly in his French paper on 'Heredity and the Aetiology of the Neuroses' (1896*a*), ibid., 143 ff.]

all its characteristics also occurs in the male sex, though a great deal more rarely (1 : 20). Furthermore, hysteria has been observed in women with a complete lack of genitalia,[1] and every physician will have seen a number of cases of hysteria in women whose genitals exhibited no anatomical changes at all, just as, on the contrary, the majority of women with diseases of the sexual organs do not suffer from hysteria. It must, however, be admitted that conditions related *functionally* to sexual life play a great part in the aetiology of hysteria (as of all neuroses), and they do so on account of the high psychical significance of this function especially in the female sex. Trauma is a frequent incidental cause of hysterical illness, in two directions: first, by a hitherto unobserved hysterical disposition being aroused by a powerful physical trauma, which is accompanied by fright and a momentary loss of consciousness, and secondly, by the part of the body affected by the trauma becoming the seat of a local hysteria. Thus, for instance, in hysterical subjects a slight contusion of the hand may be followed by the development of a contracture of the hand, or, in analogous circumstances, a painful coxalgia may develop, and so on. An acquaintance with these obstinate affections is of the greatest importance to surgeons, whose intervention in such conditions can do nothing but harm. Differential diagnosis of these conditions, especially where the joints are affected, is not always easy. Conditions brought about by severe general trauma (railway accidents, etc.), known as 'railway spine' and 'railway brain',[2] are regarded as hysteria by Charcot, with which view American writers, whose authority on this question is not to be disputed, are in agreement. These states often have the most gloomy and severe appearance, they are combined with depression and a melancholic mood and exhibit, at all events in a number of cases, a combination of hysterical with neurasthenic and organic symptoms. Charcot has also proved that encephalopathy from plumbism is related to hysteria and also that the anaesthesia which is common in alcoholics is not a separate illness but a symptom of hysteria. However, he opposes the idea of setting up such a number of subspecies of hysteria (traumatic, alcoholic, due to plumbism, etc.); hysteria, he insists, is always the same, and merely provoked by a variety of incidental causes. In recent syphilis, too, the outbreak of hysterical symptoms has been observed.

IV. Course Taken by Hysteria.—Hysteria represents a constitutional anomaly rather than a circumscribed illness. As

[1] [So in the original.]

[2] [Cf. for these English terms p. 12, n. 2, above.]

a rule, first signs of it are probably exhibited in early youth. In fact, hysterical illnesses even of troublesome severity are no rarity in children of between six and ten years. In boys and girls of intense hysterical disposition, the period before and after puberty brings about a first outbreak of the neurosis. In infantile hysteria the same symptoms are found as in adult neuroses. Stigmata, however, are as a rule rarer, and psychical changes, spasms, attacks and contractures are in the foreground. Hysterical children are very frequently precocious and highly gifted; in a number of cases, to be sure, the hysteria is merely a symptom of a deep-going degeneracy of the nervous system which is manifested in permanent moral perversion. As is well known, an early age, from fifteen onwards, is the period at which the hysterical neurosis most usually shows itself actively in females. This can happen either by an unbroken succession of comparatively slight disturbances (*chronic* hysteria) or by several severe outbreaks (*acute* hysteria) separated by free intervals lasting for years. The first years of a happy marriage interrupt the illness as a rule; when marital relations become cooler and repeated births have brought exhaustion, the neurosis re-appears. After the age of forty in women the illness does not usually produce fresh phenomena; but the old symptoms may persist and strong provocations may intensify the illness even at an advanced age. Males at an immature age seem to be particularly susceptible to hysteria through trauma and intoxication. *Hysteria in males* gives the appearance of a severe illness; the symptoms it produces are as a rule obstinate; the illness in men, since it has the greater significance of being an occupational interruption, is of greater practical importance.—There is something very characteristic about the course taken by the different hysterical symptoms (such as contractures, paralyses, etc.). In some cases the individual symptoms very rapidly disappear spontaneously and give place to others equally transitory; in other cases all the phenomena are dominated by great rigidity. Contractures and paralyses will often last for years and will then unexpectedly and suddenly pass off. In general, there is no limit to the curability of hysterical disorders, and it is characteristic for a disturbed function, after being interrupted for years, to be suddenly restored to its full extent. On the other hand, the development of hysterical disorders often calls for a sort of incubation, or rather for a period of latency, during which the provoking cause continues to operate in the unconscious. Thus, a hysterical paralysis scarcely ever emerges immediately after a trauma, people involved in a railway accident, for instance, are all able to move after the trauma, they go home apparently unhurt, and

it is only after days or weeks that the phenomena are generated which lead to the assumption of a 'concussion of the spinal cord'. So, too, the recovery which suddenly sets in usually requires a period of several days for its development. In any case, it may be asserted that hysteria never, even in its most threatening manifestations, involves a serious risk to life. Moreover, complete intellectual clarity and a capacity even for unusual achievements is retained in the most protracted cases of hysteria.[1]

Hysteria may be combined with many other neurotic and organic nervous diseases, and such cases offer great difficulties to analysis.[2] The commonest combination is of hysteria with neurasthenia; this occurs either when people whose hysterical disposition is almost exhausted become neurasthenic, or when exasperating impressions provoke both neuroses simultaneously. Unfortunately the majority of physicians have not yet learnt to distinguish the two neuroses from each other. This combination is found most frequently in hysterical men. The male nervous system has as preponderant a disposition to neurasthenia as the female to hysteria. Moreover, the frequency of female hysteria too is over-estimated, the majority of the women feared to be hysterical by physicians are strictly speaking merely neurasthenic. Furthermore, 'local hysteria' may accompany local illnesses of individual organs; a joint which is really fungal can become the seat of a hysterical arthralgia; a stomach with a catarrhal affection can give rise to hysterical vomiting, *globus hystericus* and anaesthesia or hyperaesthesia of the skin of the epigastrium. In these cases the organic illness becomes an incidental cause of the neurosis. Feverish illnesses usually interrupt the development of a hysterical neurosis, a hysterical hemi-anaesthesia will recede in fever.

V. Treatment of the neurosis.—This can scarcely be dealt with briefly. In the face of no other illness can the physician perform such miracles or remain so impotent. From the standpoint of treatment three tasks must be separated: the treatment of the hysterical disposition, of hysterical outbreaks (*acute hysteria*), and of individual hysterical symptoms (*local hysteria*). In treating the hysterical disposition a certain freedom of manœuvre is open to the physician. The disposition cannot be done away with; but one can take prophylactic measures to see

[1] [Freud often asserts this, in the face of Janet's contrary view. See, for instance, the case of Frau Emmy von N., in *Studies on Hysteria* (1895*d*), *Standard Ed.*, 2, 104.]

[2] [Not of course in the sense of 'psycho-analysis'.]

to it that physical exercises and hygiene are not pushed into the background by intellectual work; one can advise against overstraining the nervous system; one can treat anaemia or chlorosis, which seems to lend special support to the tendency to neurosis; lastly one can discount the importance of slight hysterical symptoms. One must guard against exhibiting too clearly one's interest as a physician in slight hysterical symptoms and so encouraging them. Serious intellectual work, even if it is exacting, seldom brings on hysteria, though, on the other hand, that reproach may be levelled against education in the better classes of society, which strives towards the refinement of feeling and of sensibility. To that extent the methods of earlier generations of physicians (who treated hysterical manifestations in young people as naughtiness and weakness of will and threatened them with punishment) were not bad ones, though they were hardly based on correct views. In the treatment of neurosis in children, more can be achieved by authoritative prohibition than by any other method. This kind of treatment, to be sure, will meet with no success if it is applied to hysteria in adults or to severe cases. In the treatment of acute hysterias, in which the neurosis constantly produces new phenomena, the physician's task is a hard one. it is easy to make mistakes and successes are rare. The first condition for a successful intervention is as a rule a removal of the patient from his regular conditions and his isolation from the circle in which the outbreak occurred. These measures are not only beneficial in themselves but also make possible a strict medical supervision and enable the physician to devote the close attention to the patient without which he will never achieve success in the treatment of hysteria. As a rule a hysterical man or woman is not the only neurotic member of the family circle. The alarm or tender concern of parents or relatives only increases the patient's excitement or his inclination, where there is a psychical change in him, to produce more intense symptoms. If, for instance, an attack has come on at a particular hour several times in succession, it will be expected by the patient's mother regularly at the same time; she will ask the child anxiously whether he is already feeling bad and so make it certain that the dreaded event will occur. Only in the rarest instances can one succeed in inducing relatives to look on at a child's hysterical attacks quite calmly and with apparent indifference, as a rule the family's place must be taken by a period in a medical establishment, and to this the relatives usually offer greater resistance than do the patients themselves. The patient's altered perceptions in the sanatorium, the physician's friendly and cheerful certainty and

his conviction, which is soon transferred to the patient, that the neurosis is not dangerous and can be rapidly cured, the avoidance of all emotional excitement which might contribute to a hysterical outbreak, the application of every kind of strengthening remedy (massage, general faradization, hydrotherapy) — under all these influences the most severe acute hysterias, which have led to the patient's total physical and moral derangement, are found to give place to health in the course of a few months. In recent years the so-called 'rest-cure' of Weir Mitchell (also known as Playfair's treatment) has gained a high reputation as a method of treating hysteria in institutions, and deservedly so. It consists in a combination of isolation in absolute quiet with a systematic application of massage and general faradization;[1] the attendance of a trained nurse is as essential as the constant influence of the physician. This treatment is of extraordinary value for hysteria, as a happy combination of '*traitement moral*' with an improvement in the patient's general nutritional state. It is not to be regarded, however, as something systematically complete in itself; the isolation, rather, and the physician's influence remain the principal agents, and, along with massage and electricity, the other therapeutic methods are not to be neglected. The best plan is, after four to eight weeks of rest in bed, to apply *hydrotherapy* and *gymnastics* and to encourage plenty of movement. In the case of other neuroses, for instance of neurasthenia, the success of the treatment is far less certain: it rests merely on the value of excessive feeding, so far as this succeeds with a neurasthenic digestive tract, and of rest; in hysteria the success is often magical and permanent.

The treatment of individual hysterical symptoms offers no prospect of success so long as an acute hysteria subsists. symptoms that have been got rid of return or are replaced by new ones. Finally both physician and patient grow weary. The position is different, however, if the hysterical symptoms represent a residue of an acute hysteria which has run its course, or if they appear in a chronic hysteria, owing to some special exciting cause, as localizations of the neurosis. To begin with, internal medication is to be disrecommended here and narcotic drugs are to be warned against. To prescribe a narcotic drug in an acute hysteria is nothing less than a serious technical mistake. In the case of local and resistant hysteria it may not always be possible to avoid internal medicaments; but their

[1] [Cf. Freud's review of Weir Mitchell's book on the treatment of neurasthenia and hysteria (p. 36 above). At a later date Freud recommended a combination of Weir Mitchell's rest-cure with Breuer's cathartic treatment. Cf. *Studies on Hysteria* (1895d), *Standard Ed.*, 2, 267.]

effect is untrustworthy. Sometimes it comes about with magical promptitude, sometimes not at all, and it seems to depend on the patient's autosuggestion or on his belief in its effectiveness. Apart from this we have a choice between initiating direct or indirect treatment of the hysterical ailment. The latter consists in neglecting the local complaint and in aiming at a general influence upon the nervous system, in the course of which we make use of an open-air life, hydrotherapy, electricity (preferably by high-tension treatment), and improving the blood by arsenic and iron medication. We have further, with indirect treatment, to consider the removal of sources of stimulus if any of a physical nature exist. Thus, for instance, hysterical gastric spasms may have as their basis a slight gastric catarrh, while a reddened area in the larynx or a swelling of the turbinal may give rise to an unceasing *tussis hysterica*. Whether changes in the genitals really constitute so often the sources of stimulus for hysterical symptoms is in fact doubtful. Such cases must be more critically examined. Direct treatment consists in the removal of the psychical sources of stimulus for the hysterical symptoms, and is understandable if we look for the causes of hysteria in unconscious ideational life. It consists in giving the patient under *hypnosis* a *suggestion* which contains the removal of the disorder in question. Thus, for instance, we cure a *tussis nervosa hysterica* by pressing on the larynx of the hypnotized patient and assuring him that the stimulus to coughing has been removed, or we cure a hysterical paralysis of the arm by compelling him under hypnosis to move the paralysed limb piece by piece. It is even more effective if we adopt a method first practised by Joseph Breuer in Vienna and lead the patient under hypnosis back to the psychical prehistory of the ailment and compel him to acknowledge the psychical occasion on which the disorder in question originated. This method of treatment is new, but it produces successful cures which cannot otherwise be achieved. It is the method most appropriate to hysteria, because it precisely imitates the mechanism of the origin and passing of these hysterical disorders. For many hysterical symptoms, which have resisted every treatment, vanish spontaneously under the influence of a sufficient psychical motive (for instance, a paralysis of the right hand will vanish if in a dispute the patient feels an impulse to box his opponent's ear) or under the influence of some moral excitement or of a fright or of an expectation (e.g. at a place of pilgrimage) or, lastly, when there is an upheaval of the excitations in the nervous system after an attack of convulsions. The direct psychical treatment of hysterical symptoms will be considered

the best some day, when the understanding of suggestion has penetrated more deeply into medical circles (Bernheim—Nancy) It cannot at present be decided with certainty how far psychical influence plays a part in certain other apparently physical treatments. Thus, for instance, contractures can be cured if one can succeed in bringing about a *transfert* by means of a magnet. If there are repeated *transferts*, the contracture grows weaker and eventually disappears.[1]

VI. Résumé.—By way of summary we may say that hysteria is an anomaly of the nervous system which is based on a different distribution of excitations, probably accompanied by a surplus of stimuli in the organ of the mind. Its symptomatology shows that this surplus is distributed by means of conscious or unconscious ideas. Anything that alters the distribution of the excitations in the nervous system may cure hysterical disorders: such effects are in part of a physical and in part of a directly psychical nature.

[1] [It should be remarked, however, that Andersson (1962, 89 ff.) has argued that the account given here of Breuer's therapeutic technique relates only to a specially efficient use of suggestion and does not cover what was to become the essential discovery of abreaction.]

APPENDIX

Hystero-Epilepsy[1]

Hystero-epilepsy (French, *hystéroépilepsie*; English, *hystero-epilepsy*; Italian, *isteroepilessia*).

In hystero-epilepsy attacks of general convulsions are observed, as in epilepsy.[2] As precursors there appear a feeling of suffocation, difficulty in swallowing, headache and stomach-ache, vertigo and certain peculiar dragging sensations in the extremities. The patients fall down with a loud cry and are seized with convulsions, they foam at the mouth and their features are distorted. The convulsions are of a tonic nature to start with, but later clonic. Usually, however, the attack does not come on as suddenly as it does in epilepsy. For a short time the patients try to fight against the convulsions, to save themselves from serious injuries as they fall down and to avoid dangerous situations. An epileptic will even fall into the fire, but that does not occur with hysterics. While the former is pale at the beginning of the attack and later cyanotic, a hysteric's face retains more or less its normal colour. Injuries to the tongue from biting are rare in hysteria. In hystero-epileptic attacks complete opisthotonus often occurs, but not usually in epilepsy.

[1] [*Hysteroepilepsie*. As explained above, p. 33, n. 1, this article also appeared, unsigned, in Villaret (1888, 1, 142).]

[2] Charcot used in earlier days to describe as hystero-epilepsy the severe cases of hysteria which included in their attacks an *epileptoid phase*. Since then he has abandoned this name, which leads to endless misunderstandings, and he now describes such cases as '*grande hystérie*' (p. 42 above). Accordingly, no special value is to be attached to the term 'hystero-epilepsy', and one must particularly guard against the view that a special disease combining the characteristics of hysteria and epilepsy is to be understood by it. There are people who are hysterical *and* epileptic, but in that case the two conditions exist side by side, one illness as a complication of the other, without any mutual modification, and the attacks of these patients are on each occasion *either* hysterical *or* epileptic. [The gist of this footnote was repeated by Freud in a footnote which he added to his translation of Charcot's *Leçons du mardi* published soon after this (1892-4). It will be found below, p. 142. — Freud discussed the distinction between hysterical and epileptic fits later, in his paper on hysterical attacks (1909a), *Standard Ed.*, 9, 234, but at very much greater length in his paper on Dostoevsky (1928b), ibid., 21, 179 ff.]

During the attacks consciousness does not disappear completely except in the most severe cases. After the attack a hysteric usually recovers at once, no inclination to sleep and no feebleness remain, as they do with epileptics. On the other hand, visions of rats, mice and snakes afterwards are not uncommon, and similarly auditory hallucinations. Besides these attacks, all the symptoms of hysteria are found in these patients.

PAPERS ON HYPNOTISM AND SUGGESTION

(1888–1892)

PAPERS ON HYPNOTISM AND SUGGESTION

EDITOR'S INTRODUCTION

After Freud's return to Vienna from Paris in 1886, he devoted much of his attention for some years to a study of hypnotism and suggestion. Though, of course, the subject crops up at many points—for instance, in the *Studies on Hysteria* and the obituary of Charcot—, writings from this period dealing with it *directly* seemed to be either non-existent or out of reach, except for the preface to the translation of Bernheim's *De la suggestion* (1888–9) and the paper on 'A Case of Successful Treatment by Hypnotism' (1892–3). As it happens, we are now able to insert three fairly long works between these two. In the first place we have exhumed the review of Forel's book on hypnotism (1889*a*), which seems never to have been reprinted. The other two are newcomers in different ways, and both only came to light in 1963. Of these the first is actually an old acquaintance: the article bearing the title 'Psychical (or Mental) Treatment' (1905*b*) which appears in *Standard Ed.*, **7**, 281. This paper was not included in the *Gesammelte Schriften*, but was printed in the fifth volume of the *Gesammelte Werke* and assigned to the year 1905, along with such works as the *Three Essays* and the 'Dora' case history. It was described there as a contribution to *Die Gesundheit*, a two-volume collective handbook on medicine of a semi-popular character. The paper is centred on hypnotism and contains no allusion whatever to Freud's discoveries apart from a single possible obscure hint at cathartic treatment. It has always seemed mysterious that Freud should suddenly, in 1905, have turned back the clock by fifteen years. The explanation has now been found, by Professor Saul Rosenzweig of Washington University, St. Louis. His investigations showed that the date 1905, hitherto consistently given for this contribution, was actually that of the *third* edition of *Die Gesundheit*—a fact which the editors of that handbook had failed to indicate. Its *first* edition was published in 1890 and already contained Freud's article, just as we have it. The second edition appeared in 1900. 'Psychical (or Mental) Treatment' therefore falls simply into place alongside of Freud's other works of the period, and should by rights have been included in this volume after the

review of Forel.[1] The remaining novelty is, so far as we know, a complete revelation. It is an article on hypnosis contributed by Freud to a medical handbook, *Therapeutisches Lexikon*, edited by A. Bum, and first published in 1891. (It had a second edition in 1893 and a third in 1900.) No trace of the existence of this article was to be found anywhere until its discovery by Dr. Paul F. Cranefield, editor of the Bulletin of the New York Academy of Medicine.

Freud's *clinical* experience with hypnotism can be traced in some detail. In his *Autobiographical Study* (1925*d*), he reports that while he was still a student he attended a public exhibition given by Hansen the 'magnetist' and was convinced of the genuineness of the phenomena of hypnosis (*Standard Ed.*, **20**, 16). In his early twenties, moreover, Freud became aware that his future collaborator Breuer (a man almost fifteen years his senior) was sometimes using hypnotism for therapeutic purposes. At that period, however, many high medical authorities in Vienna still exhibited alarmist or sceptical views on the subject. (See, for instance, the remarks of Freud's old teacher, Meynert, quoted in the review of Forel, p. 92 ff. below.) And it was only when, at the age of thirty, he arrived at Charcot's clinic in Paris that he found hypnotic suggestion in recognized and daily use. The profound effect which this produced on him is shown in the Report he made on his return from Paris in 1886 (1956*a*), p. 13 above, as well as in many later passages.[2] After settling in Vienna as a nerve-specialist, he made attempts at using various procedures, such as electro-therapy, hydrotherapy and rest-cures, for treating the neuroses, but fell back in the end on hypnotism. 'During the last few weeks', he wrote to Fliess on December 28, 1887, 'I have taken up hypnosis and have had all sorts of small but remarkable successes.' In the same letter he reported that he was already under contract to translate Bernheim's book on suggestion. But this precipitancy was not the result of enthusiasm, for, in a letter to Fliess of the

[1] Incidentally, there is a reference to *Die Gesundheit* in a letter of Freud's to Oskar Pfister on June 17, 1910, in which he remarked, evidently in connection with the question of the 'sexual enlightenment' of children: 'the book which I put in my children's hands is a popular medical work, *Die Gesundheit*, to which I myself contributed.' (Freud, 1960*a*, Letter 20.)

[2] Very soon after his return to Vienna in April, 1886, he gave two lectures on hypnotism: before the Vienna Physiological Club on May 11 and before the Psychiatric Society on May 27. (Cf. Jones, 1953, 252.)

following August 29 which probably accompanied a copy of his preface (itself dated 'August, 1888') to Bernheim's book, he wrote that he only undertook the translation most unwillingly and for merely practical reasons (Freud, 1950*a*, Letter 5). Hypnotic *suggestion* was no doubt his immediate concern; but he once again reports in the *Autobiographical Study*, ibid., **20**, 19, that 'from the very first I made use of hypnosis in *another* manner, apart from hypnotic suggestion.' By this he of course meant Breuer's method of using hypnotism for tracing back the origin of symptoms.[1] There is some doubt as to exactly when he started on this new procedure; but he certainly used it in the case of Frau Emmy von N., whom he began treating in May 1889 or possibly a year earlier. (See footnote 3 on this page and footnote 2 on p. 67.) Thereafter he became more and more involved in Breuer's cathartic procedure.

In the meantime Freud's interest in hypnotic suggestion continued. The Bernheim translation seems to have finished appearing early in 1889. By then Freud was already in contact with August Forel, the well-known Swiss psychiatrist, whose book on hypnotism he reviewed in two instalments in July and November 1889 (p. 91 below); and it was on Forel's introduction that (between the two instalments) he paid a visit of some weeks to Bernheim and Liébeault at Nancy.[2] His motive for doing so was, he tells us (ibid., **20**, 17), the idea of perfecting his hypnotic technique. For the fact is that Freud did not regard himself as a great adept in the art of hypnotizing, or else he was more honest than many people in recognizing the limitations of the procedure.[3] As early as in 1891, when he published the

[1] This was already described in the Villaret article of 1888 (p. 56 above); but cf. the footnote on p. 57.

[2] Freud gave more than one account of this visit, e.g. in his *Autobiographical Study*, in his *Introductory Lectures* (1916-17), ibid., **15**, 103 and in his unfinished paper 'Some Elementary Lessons in Psycho-Analysis' (1940*b* [1938]), ibid., **23**, 285.

[3] His doubts about the efficacy of suggestion must have begun early. In his *Autobiographical Study* (ibid., **20**, 17-18) he tells us that he persuaded a patient with whom he had failed to produce deep hypnosis to join him in Nancy. But Bernheim too was unsuccessful with her and confessed to him that his great successes were achieved only with his hospital patients and not in his private practice. The identity of this patient is unknown, though it has been suggested, not very convincingly, that she may actually have been Frau Emmy von N. However that may be, Freud himself (in a hitherto unpublished letter written some twenty years later) specifically attributed his realization of the inefficiency of hypnotic treatment to his experience with Frau Emmy von N. (Cf. also footnote 2 on p. 67.)

contribution to Bum's medical dictionary which will be found below, he was evidently aware of these difficulties and was moreover beginning to feel irritated by them (p. 113). His irritation was expressed again soon afterwards, in a footnote to his translation (1892–4) of Charcot's *Leçons du Mardi* (p. 141 below), and still more freely in a passage in the case history of Miss Lucy R. in *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 108–9. He summed up the position many years later in his *Five Lectures* (1910*a*), ibid., **11**, 22: 'But I soon came to dislike hypnosis . . . When I found that, in spite of all my efforts, I could not succeed in bringing more than a fraction of my patients into a hypnotic state, I determined to give up hypnosis . . .' But the moment for this had not yet arrived. He continued to make use of hypnosis not only as part of the cathartic method but also for straightforward suggestion, and at the end of 1892 he published a detailed account of a particularly successful case of this kind. (See p. 117 below.) In the same year, moreover, he produced a translation of a second book of Bernheim's (1892*a*), though this time without an introduction.[1] Before long, however, he devised a scheme by which he could produce the effects of suggestion without the need for putting the patient into a state of hypnosis. The first plan was to substitute what he called a state of 'concentration' for hypnotic sleep (*Studies on Hysteria*, ibid., **2**, 108–9). He next developed the 'pressure technique' (ibid., 110–11, 145, 153 f. and 270 ff.): by simply pressing on the patient's head with his hands he was able to elicit the information he required.[2] It is not clear whether he first employed this method in the case of Miss Lucy R. or of Fräulein Elisabeth von R., both of whose treatments began at the end of 1892. This method was of course of use only in cathartic and not in suggestive treatment.

Precise dates for Freud's abandonment of these various procedures are not obtainable. In a lecture delivered at the end of 1904 (1905*a*), he declared (ibid., **7**, 260): 'Now I have not used hypnosis for therapeutic purposes for some eight years (except for a few special experiments)'—since about 1896, therefore. This may perhaps also cover the end of the 'pressure' technique, for he made no mention of any such contact with the patient in the account of his procedure at the beginning of *The Inter-*

[1] He is also recorded as having lectured before the Vienna 'Medizinischer Club' on 'Hypnosis and Suggestion' on April 27 and May 4, 1892. (Abstract in *Internat. klin. Rundschau*, **6** (20 and 21), 815–18 and 853–6.)

[2] A further discussion of this technique is to be found in an Editor's footnote, ibid., **2**, 110.

pretation of Dreams (1900*a* [1899]), ibid., **4**, 101, though in that passage he still recommended keeping the eyes closed. But in a contribution to Loewenfeld's book on obsessions in which he described his technique (1904*a*), he explicitly wrote: 'He [Freud] does not even ask them to close their eyes, and avoids touching them in any way, as well as any other procedure which might be reminiscent of hypnosis' (ibid., **7**, 250). Actually, a trace of hypnotism still remained to the very end: the 'ceremonial which concerns the position in which the treatment is carried out, which is the remnant of the hypnotic method out of which psycho-analysis was evolved', and which Freud thought deserved to be maintained for many reasons ('On Beginning the Treatment', 1913*c*, ibid., **12**, 133-4). The period during which Freud made any effective use of hypnosis is therefore covered at the outside by the years between 1886 and 1896.[1]

Freud's interest in the *theory* of hypnotism and suggestion naturally lasted longer. Here there was controversy along lines which may be crudely described as 'Charcot versus Bernheim'—between the view of the Salpêtrière that suggestion was merely a mild form of hypnosis and the view of the Nancy school that hypnosis was merely a product of suggestion. It is possible to detect signs of oscillation in Freud's attitude to the debate. In the letter to Fliess of August 29, 1888, from which we have already quoted and which he sent immediately after writing his preface to Bernheim's book, he wrote: 'I do not share Bernheim's views, which seem to me one-sided, and in my preface I have tried to defend Charcot's point of view.'[2] The lines along which Freud did this will be gathered from the preface itself (p. 78 ff. below). This was, of course, before his visit to Nancy, which probably influenced him greatly, for, not long

[1] 1896 was the year in which the second edition of Freud's first Bernheim translation was published. As will be seen below (p. 86) he made the most drastic cuts in the volume (particularly in the clinical sections) and entirely suppressed the elaborate introduction he had written for the first edition. This may well have been an expression of his increasing impatience with the whole method of treatment.

[2] It is a little difficult to bring into complete harmony with this a statement by Freud in *Studies on Hysteria* (*Standard Ed.*, **2**, 107): 'It was while I was studying Frau von N.'s abulias that I began for the first time to have grave doubts about the validity of Bernheim's assertion, "*tout est dans la suggestion*".' Frau von N.'s analysis seems to have begun a year later than this letter to Fliess, in May 1889 (though the date is not quite certain. See Appendix A to *Studies on Hysteria*, ibid., 307 ff.)

afterwards, in his obituary of Charcot (1893*f*), he wrote critically of 'the exclusively nosographical approach of the School of the Salpêtrière' to hypnotic phenomena: 'the restriction of the study of hypnosis to hysterical patients, the differentiation between major and minor hypnotism, the hypothesis of three stages of "major hypnosis", and their characterization by somatic phenomena—all this sank in the estimation of Charcot's contemporaries when Liébeault's pupil, Bernheim, set about constructing the theory of hypnotism on a more comprehensive psychological foundation and making suggestion the central point of hypnosis.' (Ibid., **3**, 22-3.) In several later passages Freud insisted, however, on the vagueness of the term 'suggestion' and on the fact that Bernheim himself was unable to explain the mechanism of the process: for instance, already in the Forel review (1889*a*), p. 101 below, and again in the 'Little Hans' case history (1909*b*), *Standard Ed.*, **10**, 102 and in the *Introductory Lectures* (1916–17), ibid., **16**, 446. He returned to this once more in *Group Psychology* (1921*c*), ibid., **18**, 89, a work in which there are a number of discussions both of suggestion and of hypnosis. And here in a footnote (ibid., 128 *n.*) he definitely withdrew from his earlier inclination to support Bernheim's views: 'It seems to me worth emphasizing the fact that the discussions in this section have induced us to give up Bernheim's conception of hypnosis and go back to the *naïf* earlier one. According to Bernheim all hypnotic phenomena are to be traced to the factor of suggestion, which is not itself capable of further explanation. We have come to the conclusion that suggestion is a partial manifestation of the state of hypnosis, and that hypnosis is solidly founded upon a predisposition which has survived in the unconscious from the early history of the human family.' The even balance of Freud's views on this controversy was brought out in a phrase in a letter of his to A. A. Roback many years later, on February 20, 1930: 'In the question of hypnosis I *did* take sides against Charcot, though not wholly with Bernheim.' (Freud, 1960*a*, 391.)

In spite of his early abandonment of hypnosis as a therapeutic procedure, Freud never hesitated throughout his life to express his sense of gratitude to it. 'We psycho-analysts', he declared in the *Introductory Lectures* (1916–17), *Standard Ed.*, **16**, 462, 'may claim to be its legitimate heirs and we do not forget how much encouragement and theoretical clarification we owe to it.' And he gave a more specific explanation of this in one of his technical papers (1914*g*): 'We must still be grateful to the old hypnotic technique for having brought before us single psychi-

cal processes of analysis in an isolated or schematic form. Only this could have given us the courage ourselves to create more complicated situations in the analytic treatment and to keep them clear before us.' (Ibid., **12**, 148.)

PREFACE TO THE TRANSLATION OF BERNHEIM'S *SUGGESTION*

(1888 [1888–9])

EDITOR'S NOTE

PREFACE TO THE TRANSLATION OF BERNHEIM'S *DE LA SUGGESTION*

(*a*) German Edition:

1888 In H. Bernheim, *Die Suggestion und ihre Heilwirkung* (Suggestion and its Therapeutic Effects), iii–xii, Leipzig and Vienna: Deuticke. (1896, 2nd ed.)

(*b*) English Translations:

1946 *Int. J. Psycho-Anal.*, **27** (1–2), 59–64. (Under the title 'Hypnotism and Suggestion'.) (Tr. James Strachey.)
1950 *C.P.*, **5**, 11–24. (Revision of above.)

The present translation is a considerably corrected version of the one published in 1950. The full French title of Bernheim's book was *De la suggestion et de ses applications à la thérapeutique* (Paris: 1886; 2nd ed. 1887). An advance extract from Freud's translation appeared in the *Wiener med. Wochenschrift*, **38** (26), 898–900, on June 30, 1888, under the title 'Hypnose durch Suggestion' ('Hypnosis by Suggestion'), and the whole of Freud's preface, except for its first two paragraphs, was published in the *Wiener med. Blätter*, **11** (38), 1189–93 and (39), 1226–8, on September 20 and 27, 1888, under the title 'Hypnotismus und Suggestion'. Though the title-page of the volume bears the date '1888', its publication was not in fact completed till 1889, as is shown by a 'Translator's Postscript' appearing on the last page: 'In consequence of personal circumstances affecting the translator, the appearance of the second part [the book is in two parts] has been postponed for some months beyond the promised date. Even now I should probably not have reached the end had not my respected friend Dr. Otto von Springer had the great kindness to take over the translation of all the case histories in the second part, for which I owe him my best thanks. Vienna, January 1889.' Nothing is known of what these 'personal circumstances' were—whether, for instance, they were the same as the 'accidental and personal reasons' which, at about the same period, held back Freud's completion of his French paper on the organic and hysterical paralyses (1893*c*), p. 160 below. Freud added only a very few and very brief translator's notes to the text of this volume, and these were mostly references

to German editions of works mentioned by Bernheim. The only one that calls for notice is quoted on pp. 84–5 below.

In his *Autobiographical Study* Freud shows some confusion over the date of publication of the present work. After describing his visit to Bernheim at Nancy, which took place in the summer of 1889, he ends up: 'I had many stimulating conversations with him, and undertook to translate into German his two works upon suggestion and its therapeutic effects' (*Standard Ed.*, **20**, 18). Actually, as we have seen, this book was already published before the visit took place. The second book of Bernheim's to be translated by Freud—*Hypnotisme, suggestion, psychothérapie: études nouvelles*—was not published in French till three years later (Paris: 1892). Freud's translation appeared in the same year under the title *Neue Studien über Hypnotismus, Suggestion und Psychotherapie* (Leipzig and Vienna: Deuticke). This volume contained neither an introduction nor notes by the translator.

In 1896 a second edition of the first of the two volumes was published. But this, as we shall see, was entirely revised, under the supervision of Dr. Max Kahane, an early adherent of Freud's, who also took over the second volume of the translation of Charcot's *Leçons du mardi* (see p. 132 *n*. below). In this second edition the present introduction was—not, as has been said, shortened but entirely removed, and replaced by the brief preface which we reproduce in an Appendix below (p. 86).

PREFACE TO THE TRANSLATION OF BERNHEIM'S *SUGGESTION*

This book has already received warm commendation from Professor Forel of Zurich, and it is to be hoped that its readers will discover in it all the qualities which have led the translator to present it in German. They will find that the work of Dr. Bernheim of Nancy provides an admirable introduction to the study of hypnotism (a subject which can no longer be neglected by physicians), that it is in many respects stimulating and in some positively illuminating, and that it is well calculated to destroy the belief that the problem of hypnosis is still surrounded, as Meynert asserts, by a 'halo of absurdity'.

The achievement of Bernheim (and of his colleagues at Nancy who are working along the same lines) consists precisely in stripping the manifestations of hypnotism of their strangeness by linking them up with familiar phenomena of normal psychological life and of sleep. The principal value of this book seems to me to lie in the proof it gives of the relations which link hypnotic phenomena with ordinary processes of waking and sleeping, and in its bringing to light the psychological laws that apply to both classes of events. In this way the problem of hypnosis is carried over completely into the sphere of psychology, and 'suggestion' is established as the nucleus of hypnotism and the key to its understanding. Moreover in the last chapters the importance of suggestion is traced in fields other than that of hypnosis. In the second part of the book convincing evidence is offered that the use of hypnotic suggestion provides the physician with a powerful therapeutic method, which seems indeed to be the most suitable for combating certain nervous disorders and the most appropriate to their mechanism. This lends the volume a quite unusual practical importance. And its insistence upon the fact that both hypnosis and hypnotic suggestion can be applied, not only to hysterical and to seriously neuropathic patients, but also to the majority of healthy people, is calculated to extend the interest of physicians in this therapeutic method beyond the narrow circle of neuropathologists.[1]

The subject of hypnotism has had a most unfavourable reception among the leaders of German medical science (apart from such few exceptions as Krafft-Ebing, Forel, etc.). Yet, in spite of this, one may venture to express a wish that German

[1] [Cf. footnote 3, p. 5 above.]

physicians may turn their attention to this problem and to this therapeutic procedure, since it remains true that in scientific matters it is always experience, and never authority without experience, that gives the final verdict, whether in favour or against. Indeed, the objections which we have hitherto heard in Germany against the study and use of hypnosis deserve attention only on account of the names of their authors, and Professor Forel has had little trouble in refuting a whole crowd of those objections in a short essay (1889).[1]

Some ten years ago the prevalent view in Germany was still one which doubted the reality of hypnotic phenomena and sought to explain the accounts given of them as due to a combination of credulity on the part of the observers and of simulation on the part of the subjects of the experiments. This position is to-day no longer tenable, thanks to the works of Heidenhain[2] and Charcot, to name only the greatest of those who have lent their unimpeachable support to the reality of hypnotism. Even the most violent opponents of hypnotism have become aware of this, and consequently their writings, though they still betray a clear inclination to deny the reality of hypnosis, habitually include as well attempts at explaining it and thus in fact recognize the existence of these phenomena.

Another line of argument hostile to hypnosis rejects it as being dangerous to the mental health of the subject and labels it as 'an experimentally produced psychosis'. Evidence that hypnosis leads to injurious results in a few cases would no more decide against its general usefulness than, for instance, does the occurrence of isolated instances of death under chloroform narcosis forbid the use of chloroform for the purposes of surgical anaesthesia. It is a very remarkable fact, however, that this analogy cannot be carried any further. The largest number of accidents in chloroform narcosis are experienced by the surgeons who carry out the largest number of operations. But the majority of reports of the injurious effects of hypnosis are derived from observers who have worked very little with hypnosis, whereas all those workers who have had a large amount of hypnotic experience are united in their belief in the harmlessness of the procedure. In order, therefore, to avoid any injurious effects in hypnosis, all that is probably necessary is to carry out the procedure with care, with a sufficiently sure touch and upon correctly selected cases. It must be added that there

[1] [Later expanded into the book the review of which by Freud is printed below (p. 91).]

[2] [Rudolf Peter Heinrich Heidenhain (1834–97) was Professor of Physiology and Histology at Breslau University from 1859.]

is little to be gained by calling suggestions 'obsessional ideas' and hypnosis 'an experimental psychosis'. It seems likely that more light will be thrown on obsessional ideas by comparing them with suggestions than the other way round. And anyone who is scared by the abusive term 'psychosis' may well ask himself whether our natural sleep has any less claim to that description —if, indeed, there is anything at all to be gained from transporting technical names out of their proper spheres. No, the cause of hypnotism is in no danger from this quarter. And as soon as a large enough number of doctors are in a position to report observations of the kind that are to be found in the second part of Bernheim's book, it will become an established fact that hypnosis is a harmless condition and that to induce it is a procedure 'worthy' of a physician.

This book also discusses another question, which at the present time divides the supporters of hypnotism into two opposing camps. One party, whose opinions are voiced by Dr. Bernheim in these pages, maintains that all the phenomena of hypnotism have the same origin: they arise, that is, from a suggestion, a conscious idea, which has been introduced into the brain of the hypnotized person by an external influence and has been accepted by him as though it had arisen spontaneously. On this view all hypnotic manifestations would be psychical phenomena, effects of suggestions. The other party, on the contrary, stand by the view that the mechanism of some at least of the manifestations of hypnotism is based upon physiological changes—that is, upon displacements of excitability in the nervous system, occurring without the participation of those parts of it which operate with consciousness; they speak, therefore, of the physical or physiological phenomena of hypnosis.

The principal subject of this dispute is '*grand hypnotisme*' ['major hypnotism']—the phenomena described by Charcot in the case of hypnotized hysterical patients. Unlike normal hypnotized subjects, these hysterical patients are said to exhibit three stages of hypnosis, each of which is distinguished by special physical signs of a most remarkable kind (such as enormous neuro-muscular hyper-excitability, somnambulistic contractures, etc.).[1] It will easily be understood what an important bearing, in connection with this region of facts, the difference of opinion that has just been indicated must have. If the supporters of the suggestion theory are right, all the observations

[1] [Some account of these three stages of major hypnosis is given by Charcot in Lecture XXII of the volume translated by Freud shortly before this (Freud, 1886*f*, 275 ff.).]

made at the Salpêtrière are worthless; indeed, they become errors in observation. The hypnosis of hysterical patients would have no characteristics of its own; but every physician would be free to produce any symptomatology that he liked in the patients he hypnotized. We should not learn from the study of major hypnotism what alterations in excitability succeed one another in the nervous system of hysterical patients in response to certain kinds of intervention; we should merely learn what intentions Charcot suggested (in a manner of which he himself was unconscious) to the subjects of his experiments—a thing entirely irrelevant to our understanding alike of hypnosis and of hysteria.

It is easy to see the further implications of this view and what a convenient explanation it can promise of the symptomatology of hysteria in general. If suggestion by the physician has falsified the phenomena of hysterical hypnosis, it is quite possible that it may also have interfered with the observation of the rest of hysterical symptomatology: it may have laid down laws governing hysterical attacks, paralyses, contractures, etc., which are only connected with the neurosis through suggestion and which consequently lose their validity as soon as another physician in another place makes an examination of hysterical patients. This inference follows quite logically, and has in fact already been drawn. Huckel (1888) expresses his conviction that the first '*transfert*' (the transferring of sensibility from a part of the body to the corresponding part on the other side) made by a hysteric was suggested to her on some particular historical occasion and that since then physicians have continued constantly producing this professedly physiological symptom afresh by suggestion.

I am convinced that this view will be most welcome to those who feel an inclination—and it is still the predominant one in Germany to-day—to overlook the fact that hysterical phenomena are governed by laws. Here we should have a splendid example of how neglect of the psychical factor of suggestion has misled a great observer into the artificial and false creation of a clinical type as a result of the capriciousness and easy malleability of a neurosis.

Nevertheless there is no difficulty in proving piece by piece the objectivity of the symptomatology of hysteria. Bernheim's criticisms may be fully justified in regard to investigations such as those of Binet and Féré; and in any case those criticisms will show their importance in the fact that in every future investigation of hysteria and hypnotism the need for excluding the element of suggestion will be more consciously kept in view. But

the principal points of the symptomatology of hysteria are safe from the suspicion of having originated from suggestion by a physician. Reports coming from past times and from distant lands, which have been collected by Charcot and his pupils, leave no room for doubt that the peculiarities of hysterical attacks, of hysterogenic zones, of anaesthesia, paralyses and contractures, have been manifested at every time and place just as they were at the Salpêtrière when Charcot carried out his memorable investigation of that major neurosis. '*Transfert*' in particular, which seems to lend itself especially well to proving the suggestive origin of hysterical symptoms, is indubitably a genuine process. It comes under observation in uninfluenced cases of hysteria: one frequently comes across patients in whom what is in other respects a typical hemi-anaesthesia stops short at one organ or extremity, and in whom this particular part of the body retains its sensibility on the insensible side whereas the corresponding part on the other side has become anaesthetic. Moreover, '*transfert*' is a phenomenon which is physiologically intelligible. As has been shown by investigations in Germany and France, it is merely an exaggeration of a relation which is normally present between symmetrical parts of the body; thus, it can be produced in a rudimentary form in healthy people. Many other hysterical symptoms of sensibility also have their root in normal physiological relations, as has been beautifully demonstrated by the investigations of Urbantschitsch. This is not the proper occasion for carrying out a detailed justification of the symptomatology of hysteria, but we may accept the statement that in essentials it is of a real, objective nature and not falsified by suggestion on the part of the observer. This does not imply any denial that the mechanism of hysterical manifestations is a psychical one: but it is not the mechanism of suggestion on the part of the physician.

Once the existence of objective, physiological phenomena in hysteria has been demonstrated, there is no longer any need to abandon the possibility that hysterical 'major' hypnotism may present phenomena which are not derived from suggestion on the part of the investigator. Whether these do in fact occur must be left to a further enquiry with this end in view. Thus it lies with the Salpêtrière school to prove that the three stages of hysterical hypnosis can be unmistakably demonstrated even upon a newly arrived experimental subject and even when the most scrupulous behaviour is maintained by the investigator; and no doubt such proof will not be long in coming. For already the description of major hypnotism offers symptoms which tend most definitely against their being regarded as psychical. I refer

to the increase in neuro-muscular excitability during the lethargic stage. Anyone who has seen how, during lethargy, light pressure upon a muscle (even if it is a facial muscle or one of the three external muscles of the ear which are never contracted during life) will throw the whole fasciculus concerned into tonic contraction, or how pressure upon a superficial nerve will reveal its terminal distribution—anyone who has seen this will inevitably assume that the effect must be attributed to physiological reasons or to deliberate training and will without hesitation exclude unintentional suggestion as a possible cause. For suggestion cannot produce anything which is not contained in consciousness or introduced into it. But our consciousness knows only of the end-result of a movement; it knows nothing of the operation and arrangement of the individual muscles and nothing of the anatomical distribution of the nerves in relation to them. I shall show in detail in a work which is shortly to appear[1] that the characteristics of hysterical paralyses are bound up with this fact and that this is why hysteria shows no paralyses of individual muscles, no peripheral paralyses and no facial paralyses of a central nature. Dr. Bernheim should not have neglected to produce the phenomenon of neuro-muscular hyper-excitability by means of suggestion; the omission constitutes a serious gap in his argument against the three stages.

Thus physiological phenomena do occur, at all events in hysterical major hypnotism. But in normal minor hypnotism, which, as Bernheim justly insists, is of greater importance for our understanding of the problem, every manifestation—it is maintained—comes about by means of suggestion, by psychical means. Even hypnotic sleep, it seems, is itself a result of suggestion: sleep sets in owing to normal human suggestibility, because Bernheim arouses an expectation of sleep. But there are other occasions, on which the mechanism of hypnotic sleep seems nevertheless to be a different one. Anyone who has hypnotized much will sometimes have come upon subjects who can only be put to sleep with difficulty by talking, while, on the contrary, it can be done quite easily if they are made to fixate[2] for a little. Indeed, who has not had the experience of a patient falling into a hypnotic sleep whom he has had no intention of

[1] [In fact it was not published till five years later: 'Some Points for Comparative Study of Organic and Hysterical Paralyses' (1893c), p. 157 below.]

[2] [This term (which has no relation, of course, to the psycho-analytic use of the same word) means 'to stare fixedly at something'. It is often employed in hypnotic practice. Cf. footnote, p. 125 below.]

hypnotizing and who certainly had no previous conception of hypnosis? A female patient takes her place for the purpose of having her eyes or throat examined, there is no expectation of sleep either on the part of the physician or of the patient, but no sooner does the beam of light fall on her eyes than she goes to sleep and, perhaps for the first time in her life, she is hypnotized. Here, surely, any conscious psychical connecting link could be excluded. Our natural sleep, which Bernheim compares so happily with hypnosis, behaves in a similar fashion. As a rule we bring on sleep by suggestion, by mental preparedness and expectation of it; but occasionally it comes upon us without any contribution on our part as a result of the physiological condition of fatigue. So too when children are rocked to sleep or animals hypnotized by being held in a fixed position it can hardly be a question of psychical causation. Thus we have reached the position adopted by Preyer and Binswanger in Eulenburg's *Realencyclopädie*: there are both psychical and physiological phenomena in hypnotism, and hypnosis itself can be brought about in the one manner or the other. Indeed, in Bernheim's own description of his hypnoses there is unmistakably an objective factor independent of suggestion. If this were not so, then, as Jendrassik (1886) logically insists, hypnosis would bear a different appearance according to the individuality of each experimenter; it would be impossible to understand why increase of suggestibility should follow a regular sequence, why the muscular system should invariably be influenced only in the direction of catalepsy, and so on.

We must agree with Bernheim, however, that the partitioning of hypnotic phenomena under the two headings of physiological and psychical leaves us with a most unsatisfied feeling: a connecting link between the two classes is urgently needed. Hypnosis, whether it is produced in the one way or in the other, is always the same and shows the same appearances. The symptomatology of hysteria[1] hints in many respects at a psychical

[1] The relations between hysteria and hypnotism are no doubt very intimate, but they are not so close as to justify one in representing a common hysterical attack as a hypnotic state with several stages, as Meynert (1888) has done before the Vienna Society of Medicine. In this paper, indeed, a general confusion seems to have been made of our knowledge about these two conditions. For Charcot is spoken of as distinguishing *four* stages of hypnosis, whereas in fact he only distinguishes *three* [see p. 77 above], and the fourth stage, the so-called '*somnant*' stage, is nowhere mentioned except by Meynert. On the other hand, Charcot does ascribe *four* stages to the hysterical attack. [Cf., however, p. 42, footnote 2, above.]

mechanism, though that need not be the mechanism of suggestion. And, finally, suggestion is at an advantage over the physiological events, since its mode of operation is incontestable and comparatively clear, while we have no further knowledge of the mutual influences of the nervous excitability to which the physiological phenomena must go back. In the remarks which follow, I hope to be able to give some indication of the connecting link between the psychical and physiological phenomena of hypnosis of which we are in search.

In my opinion the shifting and ambiguous use of the word 'suggestion' lends to these antitheses a deceptive sharpness which does not in fact exist. It is worth while considering what it is which we can legitimately call a 'suggestion'. No doubt some kind of psychical influence is implied by the term; and I should like to put forward the view that what distinguishes a suggestion from other kinds of psychical influence, such as a command or the giving of a piece of information or instruction, is that in the case of a suggestion an idea is aroused in another person's brain which is not examined in regard to its origin but is accepted just as though it had arisen spontaneously in that brain. A classical example of a suggestion of this kind occurs when a physician says to a hypnotized subject: 'Your arm must stay where I put it' and the phenomenon of catalepsy thereupon sets in, or again when the physician raises the patient's arm time after time after it has dropped, and so makes him guess that the physician wants it to be held up. But on other occasions we speak of suggestion where the mechanism of the process is evidently a different one. For instance, in the case of many hypnotized subjects catalepsy sets in without any injunction being given: the arm that has been raised remains raised of its own accord, or the subject maintains the posture in which he went to sleep unaltered unless there is some interference. Bernheim calls this result too a suggestion, saying that the posture itself suggests its maintenance. But in this case the part played by external stimulus is evidently smaller and the part played by the physiological condition of the subject, which disallows any impulse for altering his posture, is greater than in the former cases. The distinction between a directly psychical and an indirect (physiological) suggestion may perhaps be seen more clearly in the following example. If I say to a hypnotized subject: 'Your right arm is paralysed; you cannot move it', I am making a directly psychical suggestion. Instead of this, Charcot gives the subject a light blow on his arm; or says to him: 'Look at that hideous face! Hit out at it!', the subject hits out, and [in

both cases] his arm drops down paralysed.[1] In these two [last] cases an external stimulus has to begin with produced a feeling of painful exhaustion in the arm, and by this in turn, spontaneously and independently of any intervention on the part of the physician, paralysis has been suggested—if such an expression is still applicable here. In other words, it is a question in these cases not so much of suggestions as of stimulation to *autosuggestions*. And these, as anyone can see, contain an objective factor, independent of the physician's will, and they reveal a connection between various conditions of innervation or excitation in the nervous system. It is autosuggestions such as these that lead to the production of spontaneous hysterical paralyses and it is an inclination to such autosuggestions, rather than suggestibility towards the physician, that characterizes hysteria; and the former does not seem by any means to run parallel with the latter.

I need not insist on the fact that Bernheim too works to a very large extent with indirect suggestions of this sort—that is, with stimulations to autosuggestion. His procedure for bringing about sleep, as described in the opening pages of the present volume, is essentially a mixed one: suggestion pushes open the doors which are in fact slowly opening of themselves for autosuggestion.

Indirect suggestions, in which a series of intermediate links arising from the subject's own activity are inserted between the external stimulus and the result, are none the less psychical processes, but they are no longer exposed to the full light of consciousness which falls upon direct suggestions. For we are far more accustomed to bring our attention to bear upon external perceptions than upon internal processes. Indirect suggestions or autosuggestions can accordingly be described equally as physiological or as psychical phenomena, and the term 'suggestion' has the same meaning as the reciprocal arousing of psychical states according to the laws of association. Shutting the eyes leads to sleep because it is linked to the concept of sleep through being one of its most regular accompaniments: one portion of the manifestations of sleep suggests the other manifestations which go to make up the phenomenon as a whole. This linking-up lies in the nature of the nervous system and not in any arbitrary action by the physician. It cannot occur unless it is based upon changes in the excitability of the relevant portions of the brain, in the innervation of the vasomotor centres,

[1] Charcot (1887-8) [Lecture VII, Case 1 and Lecture XVIII, Case 1].

etc., and it presents alike a psychological and a physiological aspect. As in the case of every interlinking of states of the nervous system, this one allows of passage [of excitation] in a different direction. The idea of sleep may lead to feelings of fatigue in the eyes and muscles and to the corresponding condition of the vasomotor nerve centres, or on the other hand the condition of the muscular apparatus or an impact on the vasomotor nerves may in itself cause a sleeper to wake, and so on. All that can be said is that it would be just as one-sided to consider only the psychological side of the process as to attribute the whole responsibility for the phenomena of hypnosis to the vascular innervation.

How does this affect the antithesis between the psychical and the physiological phenomena of hypnosis? There was a meaning in it so long as by suggestion was understood a directly psychical influence exercised by the physician which forced any symptomatology it liked upon the hypnotized subject. But this meaning disappears as soon as it is realized that even suggestion only releases sets of manifestations which are based upon the functional peculiarities of the hypnotized nervous system, and that in hypnosis characteristics of the nervous system other than suggestibility make themselves felt as well. The question might still be asked whether all the phenomena of hypnosis must *somewhere* pass through the psychical sphere, in other words—for the question can have no other sense—whether the changes in excitability which occur in hypnosis invariably affect only the region of the cerebral cortex. By putting the question in this other form we seem to have decided the answer to it. There is no justification for making such a contrast as is here made between the cerebral cortex and the rest of the nervous system: it is improbable that so profound a functional change in the cerebral cortex could occur unaccompanied by significant changes in the excitability of the other parts of the brain. We possess no criterion which enables us to distinguish exactly between a psychical process and a physiological one, between an act occurring in the cerebral cortex and one occurring in the subcortical substance; for 'consciousness', whatever that may be, is not attached to every activity of the cerebral cortex, nor is it always attached in an equal degree to any particular one of its activities, it is not a thing which is bound up with any locality in the nervous system.[1] It therefore seems to me that the ques-

[1] [In this connection, it is relevant to quote a footnote added by Freud by way of criticism to a passage in his translation of Bernheim's book (p. 116): 'It appears to me unjustifiable, and unnecessary, to assume that an executive act changes its localization in the nervous

tion whether hypnosis exhibits psychical or physiological phenomena cannot be accepted in this general form and that the decision in the case of each individual phenomenon must be made dependent upon a special investigation.

To this extent I feel justified in saying that, whereas on the one hand Bernheim's work goes beyond the field of hypnosis, on the other hand it leaves a portion of its subject-matter out of account. But it is to be hoped that German readers of Bernheim, too, will now have the opportunity of recognizing what an instructive and important contribution he has made in thus describing hypnotism from the standpoint of suggestion.

VIENNA, *August* 1888

system if it is begun consciously and continued later unconsciously. It is, on the contrary, probable that the portion of the brain concerned can operate with a varying quota of attention (or consciousness).'—Cf. a remark of Breuer's in Section 5 of his theoretical contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 228. Freud himself repeated the assertion made in the text above in Section II of his metapsychological paper on 'The Unconscious' (1915*e*), ibid., **14**, 174.]

APPENDIX

PREFACE TO THE SECOND GERMAN EDITION (1896)[1]

THE first edition of this book in German was provided with a preface by the translator which it has to-day become unnecessary to reprint. The scientific situation which at that time confronted the appearance of the translation of Bernheim's *Suggestion* is fundamentally changed to-day. Doubt of the reality of hypnotic phenomena has grown silent; the proscription has ceased which was then the inevitable fate of any neuropathologist who considered this field of phenomena important and deserving of serious consideration. It has been to no small extent the merit of this book itself to have stood up for the cause of scientific hypnotism in an incomparably convincing and forcible manner.

When the need became apparent for making this fundamental work of the Nancy physician accessible to German readers for a second time, the editor and publisher, in agreement with the author, decided to shorten it by those chapters which contained only case histories and reports of treatments.[2] They could not disguise from themselves that it was not precisely in these that the strength of Bernheim's work lay. Herr Dr. M. Kahane then had the kindness to take over from the present writer the task of revising the new edition and of bringing its text into harmony with the latest French edition.

Of the contents of the preface to the first edition the translator would only like to repeat one remark, to which he adheres no less firmly to-day than he did then. What he entirely misses in Bernheim's exposition is the view that 'suggestion' (or, rather the accomplishment of a suggestion) is a *pathological* psychical phenomenon which calls for particular conditions before it can come about. This view need not be upset by the frequency and ease of suggestion nor by the great part it plays in everyday life. In Bernheim's book the establishment of these latter circumstances as facts takes up so much space that he neglects to raise the psychological problem of when and why the normal methods of psychical influence between human beings can be replaced

[1] [See p. 74 above.]

[2] [This in fact amounted to about half the book; and incidentally the omitted portion coincided with what, as we learn from the 'Postscript' (p. 73 above), had been translated in the first edition by von Springer and not by Freud.]

by suggestion. And, while he explains all the phenomena of hypnotism by suggestion, suggestion itself remains wholly unexplained, but is veiled by a show of its needing no explanation. This gap has no doubt been observed by all those enquirers who have followed Forel in a search for a psychological theory of suggestion.

DR. SIGM. FREUD

VIENNA, *June* 1896

REVIEW OF AUGUST FOREL'S *DER HYPNOTISMUS*

(*a*) German Edition:

1889 *Wiener med. Wochenschr.*, **39** (28), 1097–1100 and (47), 1892–6. (July 13 and November 23.)

The German original seems never to have been reprinted and this is the first English translation (by James Strachey).

The full title of Forel's book was *Der Hypnotismus, seine Bedeutung und seine Handhabung* (Hypnotism, its Significance and its Management). Its author (1848–1931) was at this time Professor of Psychiatry at Zurich and enjoyed a very considerable reputation. His later writings on sociological subjects (and on the natural history of ants) were widely read. Though eventually he became highly critical of psycho-analysis, it was he who introduced Freud to Bernheim. Freud visited Nancy during the summer of 1889, between the publication of the two parts of this review. (Cf. the Editor's Introduction, p. 65 above.)

REVIEW OF AUGUST FOREL'S *HYPNOTISM*

(1889)

REVIEW OF AUGUST FOREL'S *HYPNOTISM*

I

This work by the celebrated Zurich psychiatrist, only 88 pages long, is expanded from a paper on the forensic significance of hypnotism which was published in the *Zeitschrift für die gesamte Strafrechtswissenschaft* [Journal of General Penology], 9, 131, in 1889. It will no doubt retain a prominent place for a long time to come in the German literature of hypnotism. Concise, almost like a catechism in form, expressed with great clarity and decisiveness, it covers the whole field of phenomena and problems which are comprised under the heading of the 'theory of hypnotism'; it distinguishes in the happiest manner between facts and theories, is never lacking in the serious approach demanded of a physician engaged in a thorough investigation, and everywhere avoids the extravagant tone which is so much out of place in a scientific discussion. Only once does Forel's exposition become enthusiastic enough to declare that 'the discovery of the psychological importance of suggestion by Braid[1] and Liébeault is in my opinion so magnificent that it can be compared with the greatest discoveries, or rather revelations, of the human spirit.' Anyone who finds this remark a gross overvaluation of hypnosis should postpone a final judgement till the next few years have made it clear how many of the great theoretical and practical revolutions which hypnosis promises to bring about can in fact result from it. In mentioning the obscure problems bordering upon hypnotism (thought transference, etc.) with which 'spiritualism' is at present occupied, Forel exhibits a truly scientific reserve. It is impossible to understand why one authority in this city described the author of this volume, before a scientific audience, as 'Forel the Southerner' and contrasted with him a supposedly 'more Northern' opponent of hypnosis as a model of a cooler mode of thinking. Even if it were less improper to seek to deal with the judgements of living men of science on scientific problems by remarking upon their nationality or native country, and even if Professor Forel had not had the fortune to be born and educated on the forty-sixth degree

[1] [James Braid (1795–1860), the Scottish physician who may perhaps be regarded as the first truly scientific student of hypnotism, and who introduced the term 1843.]

of northern latitude,[1] there would be no justification for concluding from the present work that its author is in the habit of allowing his emotions to run away with his logic.

This short study is on the contrary the work of a serious physician who has come to know the value and importance of hypnosis from his own rich experience and has a right to exclaim to 'the scoffers and unbelievers', 'test before you judge!' And we must agree with him when he adds, 'In order to make a judgement about hypnotism one must have practised it for a time oneself.'[2]

There are, to be sure, numerous opponents of hypnosis who have formed their judgement in a more easy-going manner. They have not tested the new therapeutic method and employed it impartially and carefully, as one would, for instance, a newly recommended drug; they have rejected hypnosis *a priori* and now no acquaintance with that procedure's invaluable therapeutic effects hinders them from giving the most biting and unjustified expression to their dislike of it, whatever that may be based on. They immensely exaggerate the dangers of hypnosis, they call it by one bad name after another, and they meet the abundance of reports, which can no longer be overlooked, of cures brought about by hypnosis with oracular pronouncements such as: 'cures prove nothing, they themselves call for proof.'[3] In view of the violence of their opposition, it is not to be wondered at if they accuse those physicians who feel it their duty to make use of hypnosis for the benefit of their patients of disingenuous motives and unscientific modes of thought—accusations which should be excluded from a scientific discussion whether they are brought forward openly or in more or less disguised hints. When among these opponents men are to be found like Hofrat Meynert, men who by their writings have acquired great authority, which is carried over without further enquiry by both the medical and lay public on to all their pronouncements, some damage to the cause of hypnotism is no doubt unavoidable. It is difficult for most people to suppose that a scientist who has had great experience in certain regions of neuropathology, and has given proof of much acumen, should have no qualification for being quoted as an authority on other problems; and respect for greatness, particularly for intellectual greatness, is certainly among the best characteristics

[1] As I learn from a letter of Forel's was the case. [He was born at Morges on the Lake of Geneva.]

[2] [These are quotations from Forel's preface.]

[3] Hofrat Meynert at a meeting of the Gesellschaft der Aerzte [Society of Medicine] on June 7 of this year.

of human nature. But it should yield to respect for the facts. One need not be afraid to say so openly if one sets aside one's dependence on an authority in favour of one's own judgement arrived at from a study of the facts.

Anyone who, like the present reviewer, has reached an independent judgement in matters relating to hypnosis will console himself with the reflection that any injury to the reputation of hypnosis that is brought about in this way can only be a limited one both in time and space. The movement which seeks to introduce suggestive treatment into the therapeutic store-house of medicine has already triumphed in other places and will eventually reach its goal in Germany (and Vienna) too. Any physician who is accessible to considerations of fact will be led to take a less unfavourable attitude when he notices that the supposed victims of hypnotic therapy suffer less after their treatment and can perform their duties better than they did before —as I can assert is the case with my own patients. A few experiments will show them that a whole number of the reproaches that have been levelled against hypnosis apply not in particular to it but to our therapy in general and may indeed be more justifiably directed against particular procedures which we all practise rather than against hypnosis. As physicians, they will discover the impossibility of not practising hypnosis and of allowing their patients to suffer when they can relieve them by a harmless use of psychical influence. They will be obliged to say to themselves that hypnosis loses none of its harmlessness and none of its curative value by being called 'artificial insanity' or 'artificial hysteria', any more than meat loses any of its good taste or nutritive value by being denounced in their rage by vegetarians as 'carrion'.

Let us for a moment forget that we know the effects of hypnosis by experience and let us ask ourselves what injurious effects we would expect *a priori* to result from it. Hypnotic treatment consists in the first place in bringing about a hypnotic state and in the second place in conveying a suggestion to the hypnotized subject. Which of these two acts is supposed to be the injurious one? The bringing about of hypnosis? But hypnosis, when it is most completely successful, is nothing other than ordinary sleep, which is so familiar to us all, even though in many respects, no doubt, it is not yet understood; while, when it is less completely developed, it corresponds to the various stages of falling asleep. It is true that in sleep we lose our psychical equilibrium and that the activity of our brain during sleep is a disordered one and is in many ways reminiscent of insanity; but this analogy does not prevent our awakening from

sleep with renewed strength mentally as well. According to Meynert's views on the injurious effects of reducing cortical activity and the origin he attributes to hypnotic euphoria, we physicians would in fact have every reason to keep people in a sleepless condition. But so far people still prefer to sleep and we need not feel afraid that the dangers of hypnotic therapy lie in the act of hypnotizing. Is conveying a suggestion the injurious factor then? That is impossible, for it is a noticeable fact that the opposition's attacks are not in the least directed against suggestion. The use of suggestion, it is alleged, has been something familiar to physicians from time immemorial 'we are all constantly giving suggestions', they say; and in fact a physician—even a non-hypnotist—is never better satisfied than when he has repressed[1] a symptom from a patient's attention by the power of his personality and the influence of his words – and his authority. Why is it, then, that the physician must not endeavour to achieve systematically the influence which always seems to him so desirable when for once he stumbles on it unawares? But perhaps all the same it is suggestion which is the objectionable thing: the suppression of a free personality by the physician, who also retains a directing power over the sleeping brain in its artificial sleep. It is quite interesting to find the most positive determinists suddenly defending the imperilled 'personal freewill', and to hear psychiatrists who are in the habit of suffocating the 'freely aspiring mental activity' of their patients with large doses of bromide, morphine and chloral, arraigning suggestive influence as something degrading to both parties. Is it, then, really possible to forget that the suppression of a patient's independence by hypnotic suggestion is always only a partial one, that it is aimed at the symptoms of an illness, that—as has been pointed out a hundred times—the entire social upbringing of human beings is based on a suppression of unserviceable ideas and motives and their replacement by better ones, and that life daily produces on every individual psychical effects which, even though they impinge on him while he is awake, make far more intense changes in him than does the suggestion of the physician who is trying to get rid of a painful or anxious idea by means of an effective counter-idea? No. There is nothing dangerous in hypnotic therapy but its misuse; and anyone who, as a physician, does not trust the carefulness or purity of his intention to avoid such misuse, will do well to keep away from this new therapeutic procedure.

As regards the personal assessment of those physicians who

[1] ['*Verdrängt*.' This is not used, evidently, in what was to become its technical psycho-analytic sense.]

have the courage to make use of hypnosis as a therapeutic measure before the high tide of fashion makes it compulsory, the present reviewer is of the opinion that it is fitting to make some allowance for the frequent intolerance of great men. Hence it does not seem to him advisable, or a matter of any sufficient interest to a wider circle, to enquire here into the reasons which led Hofrat Meynert to introduce him [the reviewer] and a part of his life-history to the readers of his paper on the traumatic neuroses.

It seems to the reviewer more important to put the case in favour of hypnosis to those who have become accustomed to allow their judgements on scientific matters to be determined by a great authority and who have perhaps been led into doing so by a correct realization of the inadequacy of their own discernment. This he proposes to do by setting up against the opposing authority of Meynert others who have shown themselves more friendly to hypnosis. He recalls that among us it was Professor H. Obersteiner who first gave an impetus to the scientific study of hypnosis, and that so distinguished a psychiatrist and neurologist as Professor von Krafft-Ebing (a recent acquisition to our University) has declared unreservedly in favour of hypnosis and employs it in his medical practice with the happiest results. It will be seen that these names can satisfy, too, those who are so lacking in judgement that their confidence requires of a scientific authority that it shall fulfil certain conditions as to nationality, race and geographical latitude, and whose faith comes to a stop at the frontier-posts of their fatherland.

All those others who are responsive to scientific eminence even from outside the fatherland will count Professor Forel too among the men whose advocacy of hypnosis can reassure them on the alleged baseness and unworthiness of this method of treatment. In particular, the present reviewer has had a feeling when faced by Meynert's attacks that in supporting hypnosis he is in good company. Professor Forel is a proof that a man can be a noteworthy brain anatomist and nevertheless see something in hypnosis other than a piece of absurdity.[1] He too cannot be denied the qualification of being 'a physician trained in precise physiology' which Hofrat Meynert was gracious enough to confer on the reviewer's past,[2] and just as the reviewer returned

[1] [Meynert used this term. See above, p. 75.]

[2] I must again set Hofrat Meynert right. He says of me that I am 'working in this place as a trained practitioner in hypnosis'. This says too little, and it might create a false impression among strangers that I do nothing else but hypnotize. On the contrary, I work 'in this place' as a nerve-specialist and I make use of all the therapeutic methods which

here in a depraved state from the wickedness of Paris, so a journey to Bernheim in Nancy was the starting-point for Professor Forel of the fresh activity to which we owe the present excellent work.

II

In the opening sections of his book Forel endeavours so far as possible to distinguish between 'facts, theories, concepts and terminology'.

The main fact of hypnotism lies in the possibility of putting a person into a particular condition of mind (or, more precisely, of brain) which resembles sleep. This condition is known as hypnosis. A second set of facts lie in the manner in which this condition is brought about (and ended). This appears to be possible in three ways: (1) by the psychical influence of one person on another (suggestion), (2) by the (physiological) influence of certain procedures (fixating[1]), by magnets, the human hand, etc., and (3) by self-influence (auto-suggestion). Only the first of these methods is, however, established: production by ideas—suggestion. In none of the other ways of producing hypnosis does the possibility seem to be excluded of the action of suggestion in some form or other.

A third set of facts concern the performances of the hypnotized person. For it is possible in the condition of hypnosis to exercise the most extensive effects by means of suggestion on almost all the functions of the nervous system and among them on activities whose dependence on processes in the cerebrum is as a rule estimated too low. The fact that the influence of the cerebrum on somatic functions can be made use of more intensively under hypnosis than in the waking state harmonizes little, it is true, with those theories of hypnotic phenomena which seek to regard them as a 'depressing of cortical activity', a kind of experimental imbecility. But there are a number of other things, apart from hypnotic phenomena, that do not harmonize with this theory, which seeks to understand almost all the phenomena of cerebral activity by means of the contrast between 'cortical' and 'subcortical', and seems to go so far as to locate the 'evil' principle in the subcortical portions of the brain.

Further unquestionable facts are the dependence of the hypno-

are at the disposal of such workers. The results which I have hitherto obtained from the use of hypnosis make it my duty, however, not to abandon this powerful expedient henceforward.

[1] [See footnote 2, p. 80 above.]

tized subject's mental activity on that of the hypnotist and the production of what are known as 'post-hypnotic' effects in the former—that is, the determining of psychical acts which are only carried out a considerable time after the hypnosis has ceased. On the other hand, there are a whole number of assertions which report the most interesting performances by the nervous system (clairvoyance, mental suggestion, etc.) but which cannot to-day be included among the facts; and although a scientific examination of these assertions should not be refused, it must be borne in mind that their satisfactory clarification involves the greatest difficulties.

Three fundamentally different theories have been set up to explain the phenomena of hypnosis. The oldest of these, which we still call after Mesmer,[1] supposes that, in the act of hypnotizing, an imponderable material—a fluid—passes over from the hypnotist into the hypnotized organism. Mesmer called this agent 'magnetism'. His theory has become so alien to our contemporary mode of scientific thought that it may be considered as eliminated. A second, somatic, theory explains hypnotic phenomena on the pattern of spinal reflexes; it regards hypnosis as a physiologically altered condition of the nervous system brought about by external stimuli (stroking, fixating of sensory activity, adduction of magnets, application of metals, etc.). It asserts that stimuli of this kind only have a 'hypnogenic' effect when there is a particular disposition of the nervous system and therefore that only neuropaths (especially hysterics) are hypnotizable. It disregards the influence of ideas in hypnosis and describes a typical series of purely somatic changes which are to be observed during the hypnotic state. As is well known, it is the great authority of Charcot which supports this exclusively somatic view of hypnosis.

Forel, however, takes his stand entirely on a third theory—the theory of suggestion erected by Liebeault and his pupils (Bernheim, Beaunis, Liégeois). According to this, all the phenomena of hypnosis are psychical effects, effects of ideas which are provoked in the hypnotized subject either intentionally or not. The state of hypnosis itself is produced not by external stimuli but by a suggestion, it is not peculiar to neuropaths, but can be achieved with little trouble in the great majority of healthy people. In short 'the concept of hypnotism, which has hitherto been so ill-defined, must dissolve into that of suggestion.' Whether the concept of suggestion is in fact less ill-defined than that of hypnotism must be reserved for the decision of a more

[1] [In the original the name is spelt 'Messmer'.]

exhaustive criticism.[1] Here it need only be remarked that a physician who desires to study hypnosis and form an opinion on it will undoubtedly be best advised to adopt the suggestion theory from the first. For he will be able to convince himself of the correctness of the assertions of the school of Nancy at any time on his own patients, whereas he is scarcely likely to find himself in a position to confirm from his own observation the phenomena described by Charcot as 'major hypnotism', which seem only to occur in a few sufferers from *grande hystérie*.[2]

The second section of the book deals with suggestion, and covers, with admirable conciseness and a masterly and penetrating power of description, the whole field of the psychical phenomena that have been observed in subjects under hypnosis. The key to the understanding of hypnosis is offered by Liébeault's theory of normal sleep (or rather, of normal falling asleep), from which hypnosis is distinguished only by the insertion of the relationship between the subject and the person who puts him to sleep. It follows from this theory that everyone is hypnotizable and that for hypnosis not to come about calls for the presence of special obstacles. The nature of these obstacles (a too intense wish to be hypnotized not less than deliberate recalcitrance, and so on) is considered, the degrees of hypnosis are discussed, the relation of suggested sleep to the other phenomena of hypnosis is reviewed, for the most part in complete agreement with Bernheim, whose authoritative work on suggestion seems to have found a wide circle of readers in its German translation.[3] The paragraphs on the effects of suggestion under hypnosis are similarly presented in the form of extracts from Bernheim, but they are invariably illustrated by examples from the author's own experience. Forel introduces them with this sentence: 'By means of suggestion under hypnosis it is possible to produce, influence, hinder (inhibit, modify, paralyse or stimulate) all the known subjective phenomena of the human mind and a large part of the objectively known functions of the nervous system' —that is, to influence the sensory and motor functions of the body, certain reflexes and vasomotor processes (even to the extent of raising blisters'), and, in the psychical sphere, feelings, instincts, memory, volitional activity and so on. Anyone who has assembled a few personal experiences with hypnotism will recall the impression it made on him for the first time he exercised what had hitherto been an undreamt-of influence on

[1] [See, however, below, p. 101.]

[2] [Cf. p. 77 above.]

[3] [This translation, by Freud himself, had only recently appeared (Freud, 1888–9). See the introduction to it, p. 75 above.]

another person's psychical life and was able to experiment on a human mind in a way that is normally possible only on an animal's body. It is true that this influence is effected only rarely without resistance on the part of the hypnotized subject. He is no mere automaton; he often puts up a fight against suggestion and by his own activity creates 'autosuggestions'—a term which, incidentally, only *appears* to be an enrichment of the concept of 'suggestion' but is, strictly speaking, an abrogation of it.

Of the greatest interest are the discussions which follow concerning post-hypnotic phenomena, suggestions due to take effect after a fixed time-limit and suggestion in the waking state—a group of phenomena the study of which has already yielded the most valuable conclusions about normal psychical processes in human beings, though their interpretation is still subject to some dispute. If the work of Liébeault and his pupils had produced nothing more than the knowledge of these remarkable, though at the same time everyday, phenomena and this enrichment of psychology by a new experimental method, then, even apart from any practical bearing, they would already be assured of a prominent place among the scientific discoveries of this century. Forel's little book contains a whole number of pertinent remarks and pieces of advice on the practical application of hypnotism, which compel the fullest appreciation of the author. Only a physician who combines the most complete mastery of this difficult subject with a firm conviction of its importance could write in this way. The technique of hypnotism is not as easy as one might be led to suppose by the well-known criticism advanced at the first Berlin discussion: 'hypnotizing is not a medical skill, since every shepherd boy practises it.' One must be armed with enthusiasm, patience, great certainty and a wealth of stratagems and inspirations. Anyone who tries to hypnotize according to a ready-made pattern, who is afraid of his subject's distrust or laughter, or who starts off in a half-hearted mood, will achieve little. The subject who is to be hypnotized must not be nervously left in the lurch; very nervous people are the least suited for carrying out this kind of treatment. A competent and steady procedure will suppress all the alleged evil consequences of hypnotism. As Dr. Bérillon has aptly said: 'On ne s'improvise pas plus médecin hypnotiseur qu'on ne s'improvise oculiste.'[1]

And now, what can be achieved by hypnosis? Forel gives a list of disorders 'which seem to yield best to suggestion' without wishing to claim it as exhaustive. It should be added that the position occupied by 'indications' in the case of hypnotic

[1] ['One cannot turn oneself into a medical hypnotist on the spur of the moment any more than into an oculist.']

treatment is of a somewhat different kind from what it is in such cases as the use of digitalis, for instance. It depends almost more on the characteristics of the subject than on the nature of his illness. With one person there is scarcely a symptom that does not yield to suggestion, however firm its organic basis—for instance, the vertigo in Menière's disease or the cough in tuberculosis; with another person it is impossible to influence even disorders with an undoubted psychical causation. Not less depends on the dexterity of the hypnotist and the conditions under which he is able to treat his patients. I myself have had not a few happy results from hypnotic treatment; but I do not venture to undertake some cures of a sort which I have witnessed under Liébeault and Bernheim at Nancy. I know too that a good part of this success is due to the 'suggestive atmosphere' which surrounds the clinic of these two physicians, to the *milieu* and to the mood of the patients—things which I cannot always replace for the subjects of my experiments.

Is it possible to change a nervous function permanently by suggestion? or is the reproach justified which alleges that suggestion only produces symptomatic successes for a short time? Bernheim himself has given an incontrovertible reply to this reproach in the last paragraphs of his book. He points out that suggestion operates in the same manner as any other therapeutic agent which we have at our disposal, that is, it chooses out from a complex of pathological phenomena one important symptom or another the removal of which will exercise the most favourable influence on the course of the whole process. It may be added that suggestion furthermore satisfies all the requirements of a causal treatment[1] in a number of cases. This is so, for instance, in hysterical disorders, which are the direct result of a pathogenic idea or the deposit of a shattering experience. If that idea is got rid of or that memory weakened—which is what suggestion brings about—the disorder too is usually overcome[2]. It is true that this does not mean that the hysteria is cured: in similar conditions it will provoke similar symptoms. But is hysteria cured, then, by hydrotherapy, by feeding-up or by valerian? When is a physician ever expected to cure a nervous diathesis if the circumstances which promote it persist? According to Forel, a permanent success can be achieved by suggestion on the following conditions. (1) If the change brought about has *within itself* the strength to maintain itself among the dynamics

[1] [Freud discussed the nature of causal treatment and the question of whether psycho-analysis satisfied its conditions in Lecture XXVII of the *Introductory Lectures* (1916-17), *Standard Ed.*, **16**, 435-6.]

[2] [A probable reference to Breuer's technique.]

of the nervous system. Suppose, for instance, a child has been broken of bed-wetting by suggestion. Then the normal habit can establish itself as firmly as the previous bad one. Or (2) if this strength is *supplied* to the change by a remedy. Suppose, for instance, that someone suffers from insomnia, fatigue and migraine. Then suggestion assures him of sleep and thus improves his general condition and the return of the migraine is permanently prevented.

But what in fact *is* this suggestion, which is the basis of the whole of hypnotism, in which all these results are possible? By raising this question we touch one of the weak sides of the Nancy theory. We are involuntarily reminded of the question of where St. Christopher stood[1] when we find that Bernheim's exhaustive work, which culminates in the statement 'Tout est dans la suggestion', nowhere attempts to touch upon the nature of suggestion—that is, upon a definition of the concept. When I was in the fortunate position of being instructed personally by Professor Bernheim on the problems of hypnotism, I seemed to see that he called *every* effective psychical influence exercised by one person on another a suggestion, and that he called *every* effort to exercise a psychical influence on someone else 'suggesting'. Forel endeavours to make a sharper distinction. A section on 'Suggestion and Consciousness', which is rich in ideas, seeks to understand the operation of suggestion on the basis of certain fundamental hypotheses about normal psychical events. Even if we are not called on to declare ourselves completely satisfied by this discussion, we nevertheless owe the author our thanks for pointing out the direction in which a solution of the problem is to be looked for, and for numerous pointers and contributions towards it. There can be no doubt that remarks such as those made by Forel in this section of his book have more to do with the problem of hypnosis than have the contrast between 'cortical and subcortical' and speculations on the dilatation and constriction of the cerebral blood vessels.

A section on the forensic significance of suggestion concludes the volume. 'Suggested crimes' are hitherto, as we know, merely a possibility, for which jurists are preparing themselves and which novelists may anticipate as 'not so improbable that they might not happen some time'. To be sure, it is not difficult in a laboratory to induce good somnambulists to commit imaginary

[1] [An old conundrum: 'Christopher bore Christ; Christ bore the whole world, where then did Christopher stand?' More than thirty years later Freud quoted this again in exactly the same connection, in the discussion of suggestion in Chapter IV of his *Group Psychology* (1921*c*), *Standard Ed.*, **18**, 89.]

crimes. But how far the subject's consciousness that it is only a question of experiment facilitates the commission of the crime is a question which, after Delboeuf's shrewd criticism of Liégeois's experiments, must be left an open one.

DR. SIGM. FREUD

HYPNOSIS

(1891)

HYPNOSE

(*a*) German Edition:

1891 In Anton Bum's *Therapeutisches Lexikon*, 724–732. (Vienna: Urban & Schwarzenberg.) (1893, 2nd ed., 896–904; 1900, 3rd ed., 1, 1110–19.)

The 2nd and 3rd editions are unaltered, except for a very few extremely small corrections, mainly typographical. The present translation, by James Strachey, is the first into English.

This signed contribution to a medical dictionary had been entirely overlooked till it was discovered in 1963 by Dr. Paul F. Cranefield, Ph.D., the Editor of the Bulletin of the New York Academy of Medicine. Our thanks are due to him for drawing our attention to it and supplying us with photostats. Nothing seems to be known of the circumstances of its composition.

HYPNOSIS

It would be a mistake to think that it is very easy to practise hypnosis for therapeutic purposes. On the contrary, the *technique* of hypnotizing is just as difficult a medical procedure as any other. A physician who wishes to hypnotize should have learnt it from a master of the art and even then will require much practice of his own in order to achieve successes in more than a few isolated cases. Afterwards, as an experienced hypnotist, he will approach the matter with all the seriousness and decisiveness which spring from a consciousness of undertaking something useful and, indeed, in some circumstances necessary. The recollection of so many cures brought about by hypnosis will lend his behaviour towards his patients a certainty which will not fail to evoke in them too an expectation of yet another therapeutic success. Anyone who sets about hypnotizing half sceptically, who may perhaps seem comical to himself in this situation, and who reveals by his expression, his voice and his bearing that he expects nothing from the experiment, will have no reason to be surprised at his failures, and should rather leave this method of treatment to other physicians who are able to practise it without feeling damaged in their medical dignity, since they have convinced themselves, by experience and reading, of the reality and importance of hypnotic influence.

We should make it a rule not to seek to impose hypnotic treatment on any patient. A prejudice is widespread among the public (actually supported by some eminent, but in this matter inexperienced, physicians[1]) that hypnosis is a dangerous operation. If we sought to impose hypnosis on someone who believed this assertion, we should probably be interrupted, after no more than a few minutes, by disagreeable occurrences, which would arise from the patient's anxiety and his distressing feeling of being overpowered, but which would quite certainly be regarded as results of hypnosis. Whenever, therefore, a violent resistance arises against the use of hypnosis, we should renounce the method and wait till the patient, under the influence of other information, becomes reconciled to the idea of being hypnotized. On the other hand, it is not at all unfavourable if a patient declares that he is not afraid of hypnosis, but that he does not believe in it or does not believe that it can be of use to

[1] [Cf. Freud's criticism of Meynert in his review of Forel, p. 92 ff. above.]

him. In such a case we say to him: 'I do not require your credence, but only your attention and some compliance at the start.' And as a rule we find excellent support in this indifferent mood of the patient. On the other hand, it must be said that there are people who are hindered from falling into hypnosis precisely by their willingness and their insistence upon being hypnotized. This is completely out of harmony with the popular view that 'faith' is a factor in hypnosis, but such are the facts. We may in general start from the assumption that everyone is hypnotizable, but every individual physician will be unable to hypnotize a certain number of people under the conditions of his experiments, and will often be unable to say where his failure lay. Occasionally one procedure is successful in achieving something which seemed to be impossible with another one, and the same is true of different physicians. We can never tell in advance whether it will be possible to hypnotize a patient or not, and the only way we have of discovering is by the attempt itself. There has been no success hitherto in bringing accessibility to hypnosis into relation with any other of an individual's attributes. All that is true is that sufferers from mental disease and degenerates are for the most part not hypnotizable, and neurasthenics only with great difficulty; it is untrue that hysterical patients are unadapted for hypnosis. On the contrary, it is precisely the latter in whom hypnosis comes about in response to purely physiological measures and with all the appearance of a special physical condition. It is important to form a provisional judgement of the psychical individuality of a patient whom we wish to hypnotize; but general rules on this particular point cannot be laid down. It will be clear, however, that there is no advantage in beginning a medical treatment with hypnosis, and that it is better first of all to gain the patient's confidence and to allow his distrust and critical sense to blunt themselves. Anyone who enjoys a great reputation as a physician or as a hypnotist can, however, do without this preparation.

Against what illnesses are we to make use of hypnosis? Indications on this are more difficult than in the case of other methods of treatment, since individual reaction to hypnotic therapy plays almost as great a part as the nature of the illness that is to be combated. In general, we shall avoid applying hypnotic treatment to symptoms which have an organic basis and shall employ this method only for purely functional, nervous disorders, for ailments of psychical origin and for toxic as well as other addictions. We shall, however, become convinced that quite a number of symptoms of organic diseases are accessible to hypnosis and that organic change can exist without the

functional disturbance which proceeds from it. In view of the dislike of hypnotic treatment prevailing at present, it seldom comes about that we can employ hypnosis except after all other kinds of treatment have been tried without success. This has its advantage, since we come to know in this way the true sphere of action of hypnosis. We can of course also hypnotize for purposes of differential diagnosis: for instance, when we are in doubt as to whether certain symptoms relate to hysteria or to an organic nervous illness. This test, however, is of some value only in cases where the outcome is favourable.

When we have made our patient's acquaintance and established the diagnosis, the question arises of whether we are to undertake the hypnosis in a *tête-à-tête* or to introduce a trustworthy third person. This measure would be desirable to protect the patient from an abuse of hypnosis as well as to protect the physician from being accused of it. And both of these things are on record. But it cannot be applied universally. The presence of a woman friend, of the patient's husband, and so on, often disturbs the patient very considerably and decidedly diminishes the physician's influence. Moreover the subject-matter of the suggestions which are to be imparted in the hypnosis is not always suitable for conveyance to other people closely connected with the patient. The introduction of a second physician would not have this disadvantage, but it increases the difficulty of carrying out the treatment so much that it becomes impossible in the majority of cases. Since it is the physician's foremost duty to be of assistance by means of the hypnosis, he will in most cases renounce the introduction of a third person and will lump in the danger that has been mentioned with the others that are inherent in the practice of the medical profession. The patient, however, will guard herself by not allowing herself to be hypnotized by any physician who does not seem to deserve the fullest confidence.

On the other hand, it is of the greatest value for the patient who is to be hypnotized to see other people under hypnosis, to learn by imitation how she is to behave and to learn from others the nature of the sensations during the hypnotic state. In Bernheim's clinic and in Liebeault's out-patient clinic at Nancy, where every physician can obtain enlightenment concerning the results of which hypnotic influence is capable, hypnosis is never conducted in a *tête-a-tête*. Every patient who is making his first acquaintance with hypnosis watches for a while how older patients fall asleep, how they are obedient during hypnosis and how, after waking up, they admit that their symptoms have disappeared. This brings him into a

condition of psychical preparedness, which causes him, for his part, to fall into deep hypnosis as soon as his turn comes. The objection to this procedure lies in the fact that the ailments of each individual are discussed before a large crowd, which would not be suitable with patients of a higher social class. Nevertheless, a physician who wishes to treat by hypnosis should not renounce this powerful assisting factor, and should, so far as this is possible, arrange for the person who is to be hypnotized to be present first at one or more successful hypnotic experiments. If we cannot count on the patient hypnotizing himself by imitation as soon as we give him the signal, we have a choice between various *procedures* for bringing him under hypnosis, all of which have in common the fact that they recall falling asleep through certain physical sensations. The best manner of proceeding is as follows. We place the patient in a comfortable chair, ask him to attend carefully and not to speak any more, since talking would prevent his falling asleep. Any tight clothing is taken off and any other people present are placed in a part of the room where they cannot be seen by the patient. The room is darkened, silence is preserved. After these preparations, we sit down opposite the patient and request him to fixate[1] two fingers of the physician's right hand and at the same time to observe closely the sensations which develop. After quite a short time, a minute, perhaps, we begin to talk the patient into feeling the sensations of falling asleep. For instance: 'I see that things are going quickly in your case, your face has taken on a rigid look, your breathing has become deeper, you have grown quite peaceful, your eyelids are heavy, your eyes are blinking, you can no longer see clearly, you will have to swallow soon, then you will close your eyes—and you are asleep.' With these and similar words we are already well into the process of 'suggesting', as we call such persuasive remarks during hypnosis.[2] But we are only suggesting sensations and motor processes such as occur spontaneously at the onset of hypnotic sleep. We can convince ourselves of this if we have someone before us who can be put under hypnosis by fixating alone (the method of Braid), in whom, accordingly, the fatigue of the eyes, owing to the straining of attention and its diversion from other impressions, brings on the sleep-like state. First the patient's face assumes a rigid look, his breathing deepens, his

[1] [See footnote 2, p. 80 above.]

[2] [Unlike French and English (in which the technical use of the term 'suggestion' was derived from its everyday use) German adopted the word first in its technical sense and only subsequently and rarely introduced it into ordinary language.]

eyes grow moist and blink frequently, one or more swallowing movements occur, and finally the eyeballs turn inwards and upwards, the eyelids fall, and hypnosis is there. The number of such people is very considerable, if we observe that we have someone of this kind before us, we shall be well-advised to keep silent or only to give occasional help with a suggestion. Otherwise we should merely be disturbing the patient who is hypnotizing himself, and, if the succession of suggestions does not correspond to the actual course of his sensations, we should be provoking contradiction. In general, however, it is advisable not to wait for a spontaneous development of hypnosis but to encourage it by suggestions. These must, however, be given energetically and in rapid succession. The patient should not, as it were, come to his senses: he should not have time to test whether what is said to him is correct. We do not need more than from two to four minutes for his eyes to close; if they have not closed spontaneously, we close them by pressure on them, without showing surprise or annoyance at their spontaneous closure not having come about. If the eyes then remain closed, we have as a rule achieved a certain degree of hypnotic influence. This is the decisive moment for all that is to follow.

For one of two possibilities has come about. The first alternative is that the patient, by fixating and listening to the suggestions, has really been brought under hypnosis, in which case he remains quiet after the closure of his eyes. We may then test him for catalepsy, give him the suggestions called for by his ailment, and thereupon awaken him. After waking up he will either be anamnestic that is to say, he has been 'somnambulistic' during the hypnosis , or he will retain his memory completely and report on his sensations during the hypnosis. Not infrequently a smile appears on his features after we have closed his eyes. The physician should not be put out by this; as a rule it only means that the person under hypnosis is still able to form a judgement on his own state and finds it queer or comical. The second alternative, however, is that no influence, or only a slight degree of it, has been established, while the physician has behaved as though he had a successful hypnosis before him. Let us picture the patient's mental state at this point. He has promised at the start of the preparations to stay quiet, not to speak any more and to give no indication of confirmation or denial; he now notices that, on the basis of his consent to this, he is being told that he is hypnotized; he is irritated at this, feels uncomfortable at not being allowed to express his irritation; no doubt, too, he is afraid that the physician will begin suggesting to him too soon, in the belief

that he is hypnotized before he is. And now experience shows that, if he is not really hypnotized, he does not keep to the compact we have made with him.[1] He opens his eyes and says (resentfully, as a rule): 'I am not in the least asleep!' A beginner would now regard the hypnosis as a failure, but someone with experience will not lose his composure. He will reply, not in the least angrily, as he once more closes the patient's eyes: 'Keep still. You have promised not to talk. Of course I know that you are not "asleep"; nor is that in the least necessary. What would have been the sense of my simply making you fall asleep? You would not understand when I speak to you. You are not asleep, but you are hypnotized, you are under my influence; what I say to you now will make a special impression on you and will be of use to you.' After this explanation, the patient usually becomes quiet and we make the suggestions to him; for the moment we abstain from looking for physical signs of hypnosis, but, after this so-called hypnosis has been repeated a number of times, we shall find that some of the somatic phenomena which characterize hypnosis will emerge.

In many cases of this kind it remains to the end doubtful whether the state we have provoked deserves the name of 'hypnosis'. We should be wrong, however, if we sought to restrict the making of suggestions to those other cases in which the patient becomes somnambulistic or falls into a deep degree of hypnosis. In cases like these, which in fact only have the *appearance* of hypnosis, we can achieve the most astonishing therapeutic results, which, on the other hand, are not to be obtained by 'waking suggestion'. Here too, therefore, it must nevertheless be a question of hypnosis—whose only purpose, after all, is the effect which is brought about in it by suggestion. If, however, after repeated attempts (from three to six) there is neither a hint of success nor any of the somatic signs of hypnosis, we shall give up the experiment.

Bernheim and others have distinguished several degrees of hypnosis, whose enumeration is of little value in practice. What is of decisive importance is only whether the patient has become somnambulistic or not—that is, whether the state of consciousness brought about in the hypnosis is cut off from the ordinary one sufficiently sharply for the memory of what occurred during hypnosis to be absent after waking. In these cases the physician can deny the reality of the pains that are present, or of any

[1] [Cf. a phrase in one of the very last of Freud's papers, 'Analysis Terminable and Interminable' (1937c), *Standard Ed.*, 23, 239. 'During the work on the resistances the ego withdraws . . . from the agreement on which the analytic situation is founded.']

other symptoms, with the greatest decision – which he is as a rule unable to do if he knows that a few minutes later the patient will say to him: 'When you said I no longer had any pains, I did have them all the same and I still have them now.' The hypnotist's efforts are directed to sparing himself contradictions of this sort which are bound to shake his authority. It would therefore be of the greatest importance for treatment if we possessed a procedure which made it possible to put *anyone* into a state of somnambulism. Unluckily there is no such procedure. The chief deficiency of hypnotic therapy is that it cannot be dosed. The degree of hypnosis attainable does not depend on the physician's procedure but on the chance reaction of the patient. It is very difficult, too, to deepen the hypnosis into which a patient falls, though this usually happens when there are frequently repeated sessions.

If we are not satisfied with the hypnosis attained, we shall look for other procedures when the treatment is repeated. These often work more strongly or continue to work after the influence of the procedure first adopted has grown weaker. Here are some such procedures: stroking the patient's face and body with both hands continuously for from five to ten minutes (this has a strikingly soothing and lulling effect); suggestion accompanied by the passage of a weak galvanic current, which produces a perceptible sensation of taste (the anode in a broad band on the forehead and the cathode in a band round the wrist – here the impression of being tied up and the galvanic sensation contribute greatly towards hypnosis. We can invent similar procedures at our choice if we only keep the aim before us of arousing, by an association of thought, the picture of falling asleep and of fixating attention by means of a persistent sensation.

The true therapeutic value of hypnosis lies in the *suggestions* made during it. These suggestions consist in an energetic denial of the ailments of which the patient has complained, or in an assurance that he can do something, or in a command to perform it. A far more powerful result than that produced by a simple assurance or denial is achieved if we link the expected cure to an action or intervention [of our own] during hypnosis. For instance: 'You no longer have any pains at this place; I press on it and the pain has gone.' Stroking and pressing on the ailing part of the body during hypnosis gives excellent support in general to the spoken suggestion. Nor should we neglect to enlighten the patient under hypnosis on the nature of his ailment, to give him reasons for the cessation of his trouble, and so on; for what we have before us is not, as a rule, a psychical

automaton, but a being endowed with the power of criticism and capacity for judgement, on whom we are simply in a position to make more impression now than when he is in a waking state. Where hypnosis is incomplete, we should avoid allowing the patient to speak. Motor utterance of this sort dissipates the numbed feeling which vouches for his hypnosis and wakes him up. Somnambulistic subjects may without fear be allowed to speak, walk about and work, and we obtain the most far-reaching psychical influence over them by questioning them under hypnosis about their symptoms and the origin of these.[1]

Through suggestion we call for either an immediate effect — particularly in treating paralyses, contractures, and so on — or a post-hypnotic effect — that is, one which we stipulate for a particular time after awakening. In the case of all obstinate ailments it is a great advantage to interpolate a waiting period like this (even a whole night) between the suggestion and its execution. Observation of patients shows that psychical impressions as a rule need a certain time, an incubation period, in order to bring about a physical change. (Cf. 'Neurosis, traumatic'.)[2] Each separate suggestion must be made with the greatest decisiveness, for any hint of a doubt is noticed by the patient and unfavourably exploited; no contradiction whatever must be permitted and, if we are able, we should insist upon our power to produce catalepsy, contractures, anaesthesia, and so on.

The *duration* of a hypnosis is to be arranged according to practical requirement, a comparatively long continuance under hypnosis — up to several hours — is certainly not unfavourable to success. Awakening is brought about by some such remark as: "That is enough for the present!" We should not fail to give an assurance at the first hypnosis that the patient will wake up without a headache, cheerful and well. In spite of this, it can be observed that, after a light hypnosis, many people wake up with pressure in the head and fatigue, if the duration of the hypnosis has been too short. They have not, as it were, had their sleep out.

The *depth* of a hypnosis is not invariably in direct proportion to its success. We may produce the greatest changes in the lightest hypnosis and, on the contrary, we may have a failure under somnambulism. If the desired success is not achieved after a few hypnoses, a further difficulty is revealed which attaches to this method of treatment. Whereas no patient ventures to be impatient if he has still not been cured after the

[1] [This is again an allusion to Breuer's method, which Freud was already using at the time he wrote this article.]

[2] [The reference is to another article in Bum's *Lexikon*.]

twentieth electrical session or an equal number of bottles of mineral water, with hypnotic treatment both physician and patient grow tired far sooner, as a result of the contrast between the deliberately rosy colouring of the suggestions and the cheerless truth. Here too, intelligent patients can make it easier for the physician as soon as they have understood that in making suggestions he is, as it were, playing a part and that the more energetically he disputes their ailment the more advantage is to be expected for them. In every prolonged hypnotic treatment a monotonous procedure is carefully to be avoided. The physician must constantly be on the look-out for a new starting-point for his suggestions, a new proof of his power, a new change in his hypnotizing procedure. For him too, who has, perhaps, internal doubts about success, this presents a great and in the end exhausting strain.

There is no doubt that the field of hypnotic treatment is far more extensive than that of other methods of treating nervous illnesses. Nor is there any justification for the reproach which asserts that hypnosis is only able to influence symptoms and them only for a short time. If hypnotic treatment is directed only against symptoms and not against pathological processes, it is following precisely the same path which all other therapeutic methods are obliged to take.

If hypnosis has had success, the stability of the cure depends on the same factors as the stability of every cure achieved in another way. If what it was dealing with were residual phenomena of a process that was concluded, the cure will be a permanent one; if the causes which produced the symptoms are still at work with undiminished strength, then a relapse is probable. The employment of hypnosis never excludes that of any other treatment, dietetic, mechanical, or of some other sort. In a number of cases—namely where the symptoms are of purely psychical origin—hypnosis fulfils all the demands that can be made of a causal treatment,[1] and in that case questioning and calming the patient in deep hypnosis is as a rule accompanied by the most brilliant success.

Everything that has been said and written about the great *dangers* of hypnosis belongs to the realm of fable.[2] If we leave on one side the misuse of hypnosis for illegitimate purposes—a possibility that exists for every other effective therapeutic method—the most we have to consider is the tendency of severely neurotic people, after repeated hypnosis, to fall into

[1] [See footnote 1, p. 100 above.]

[2] [These are discussed at length in the first part of the Forel review (p. 92 ff. above).]

hypnosis spontaneously. It is in the physician's power to forbid this spontaneous hypnosis, which would seem to come about only in very susceptible individuals. People whose susceptibility goes so far that they can be hypnotized against their will, can also be protected fairly completely by a suggestion that only their physician will be able to hypnotize them.

FREUD

A CASE OF SUCCESSFUL TREATMENT BY HYPNOTISM
(1892–93)

EIN FALL VON HYPNOTISCHER HEILUNG

NEBST BEMERKUNGEN ÜBER DIE ENTSTEHUNG HYSTERISCHER SYMPTOME DURCH DEN 'GEGENWILLEN'

(*a*) German Editions

1892–93 *Zeitschr. Hypnot.*, **1** (3), 102–7, (4), 123–9. (December, 1892 and January, 1893.)
1925 *G.S.*, **1**, 258–72.
1952 *G.W.*, **1**, 3–17.

(*b*) English Translation:

'A Case of Successful Treatment by Hypnotism'
1950 *C.P.*, **5**, 33–46. (Tr. James Strachey.)

The present translation is a slightly corrected version of the one published in 1950.

This paper was almost exactly contemporaneous with the Breuer and Freud 'Preliminary Communication' (1893*a*). Some of the ideas in it (e.g. the 'counter-will') have a place in Freud's later work, and it forms something of a link between his writings on hypnotism and those on hysteria upon which he was embarking. The view that 'a moment of disposition to hysteria'—in this instance, physical fatigue—provides the opportunity for the counter-will to assert itself suggests the influence of Breuer and the 'hypnoid state'. (See p. 126.)

A CASE OF SUCCESSFUL TREATMENT BY HYPNOTISM

WITH SOME REMARKS ON THE ORIGIN OF HYSTERICAL SYMPTOMS THROUGH 'COUNTER-WILL'

I PROPOSE in the following pages to publish an isolated case of a successful treatment by hypnotic suggestion because, owing to a number of attendant circumstances, it was more convincing and more lucid than the majority of our successful treatments.

I have been acquainted for many years with the woman whom I was thus able to assist at an important moment of her existence, and she remained under my observation for several years afterwards. The disorder from which she was relieved by hypnotic suggestion had made its first appearance some time earlier. She had struggled against it in vain and been driven by it to a renunciation which, with my help, she was spared on a second occasion. A year later the same disorder appeared yet again, and was once more overcome in the same manner. The therapeutic success was of value to the patient and persisted as long as she desired to carry out the function affected by the disorder. Finally, it was possible in this case to trace the simple psychical mechanism of the disorder and to bring it into relation with similar happenings in the field of neuropathology.

It was a case, if I may now cease talking in riddles, of a mother who was unable to feed her new-born baby till hypnotic suggestion intervened, and whose experiences with an earlier and a later child provided controls of the therapeutic success such as are seldom obtainable.

The subject of the following case history is a young woman between twenty and thirty years of age with whom I happen to have been acquainted from her childhood. Her capability, her quiet common sense and her naturalness made it impossible for anyone, including her family doctor, to regard her as a neurotic. Taking the circumstances that I am about to narrate into account, I must describe her, in Charcot's happy phrase, as an *hystérique d'occasion*. This category, as we know, does not exclude the most admirable combination of qualities and otherwise uninterrupted nervous health. As regards her family, I am acquainted with her mother, who is not in any way neurotic, and a younger sister who is similarly healthy. A brother suffered

from a typical neurasthenia of early manhood, and this ruined his career. I am familiar with the aetiology and course of this form of illness, which I come across repeatedly every year in my medical practice. Starting originally with a good constitution, the patient is haunted by the usual sexual difficulties at puberty; there follow years of overwork as a student, preparation for examinations, and an attack of gonorrhoea, followed by a sudden onset of dyspepsia accompanied by obstinate and inexplicable constipation. After some months the constipation is replaced by intracranial pressure, depression and incapacity for work.[1] Thenceforward the patient grows increasingly self-centred and his character more and more restricted, till he becomes a torment to his family. I am not certain whether it is not possible to *acquire* this form of neurasthenia with all its elements and therefore, especially as I am not acquainted with my patient's other relatives, I leave it an open question whether we are to assume the presence in her family of a hereditary disposition to neurosis.

When the time approached for the birth of the first child of her marriage (which was a happy one) the patient intended to feed the infant herself. The delivery was not more difficult than is usual with a primiparous mother who is no longer very youthful; it was terminated with forceps. Nevertheless, though her bodily build seemed favourable, she did not succeed in feeding the infant satisfactorily. There was a poor flow of milk, pains were brought on when the baby was put to the breast, the mother lost appetite and showed an alarming unwillingness to take nourishment, her nights were agitated and sleepless. At last, after a fortnight, in order to avoid any further risk to the mother and infant, the attempt was abandoned as a failure and the child was transferred to a wet-nurse. Thereupon all the mother's troubles immediately cleared up. I must add that I am not able to give a medical or eye-witness account of this first attempt at lactation.

Three years later a second baby was born; and on this occasion external circumstances added to the desirability of avoiding a wet-nurse. But the mother's attempts at feeding the child herself seemed even less successful and to provoke even more distressing symptoms than the first time. She vomited all her food, became agitated when it was brought to her bedside and was completely unable to sleep. She became so much

[1] [These include symptoms by which Freud was later to distinguish neurasthenia proper from anxiety neurosis. Cf. his first paper on anxiety neurosis (1895*b*), *Standard Ed.*, 3, 90.]

depressed at her incapacity that her two family doctors—physicians of such wide repute in Vienna as Dr. Breuer and Dr. Lott—would not hear of any prolonged attempt being made on this occasion. They recommended that just one more effort should be made—with the help of hypnotic suggestion; and, on the evening of the fourth day, they saw to it that I was brought in professionally, since I was already personally acquainted with the patient.

I found her lying in bed with flushed cheeks and furious at her inability to feed the baby—an inability which increased at every attempt but against which she struggled with all her strength. In order to avoid the vomiting, she had taken no nourishment the whole day. Her epigastrium was distended and was sensitive to pressure; palpation revealed abnormal motility of the stomach, there was odourless eructation from time to time and the patient complained of having a constant bad taste in her mouth. The area of gastric resonance was considerably increased. Far from being welcomed as a saviour in the hour of need, I was obviously being received with a bad grace and I could not count on the patient's having much confidence in me.

I at once attempted to induce hypnosis by ocular fixation, at the same time making constant suggestions of the symptoms of sleep. After three minutes the patient was lying back with the peaceful expression of someone in profound sleep. I cannot recollect whether I made any tests for catalepsy and other symptoms of pliancy. I made use of suggestion to contradict all her fears and the feelings on which those fears were based: 'Have no fear! You will make an excellent nurse and the baby will thrive. Your stomach is perfectly quiet, your appetite is excellent, you are looking forward to your next meal, etc.' The patient went on sleeping while I left her for a few minutes, and when I had woken her up showed amnesia for what had occurred. Before I left the house I was also under the necessity of contradicting a worried remark by the patient's husband to the effect that a woman's nerves might be totally ruined by hypnosis.

Next evening I was told something which seemed to me a guarantee of success but which, oddly enough, had made no impression on the patient or her relations. She had had a meal the evening before without any ill effects, had slept peacefully and in the morning had taken nourishment herself and fed the baby irreproachably. The rather abundant midday meal, however, had been too much for her. No sooner had it been brought in than her former disinclination returned, vomiting began even

before she had touched it. It was impossible to put the child to her breast and all the objective signs were the same as they had been when I had arrived the evening before. I produced no effect by my argument that, since she was now convinced that her disorder *could* disappear and in fact *had* disappeared for half a day, the battle was already won. I now brought on the second hypnosis, which led to a state of somnambulism as quickly as the first, and I acted with greater energy and confidence. I told the patient that five minutes after my departure she would break out against her family with some acrimony: what had happened to her dinner? did they mean to let her starve? how could she feed the baby if she had nothing to eat herself? and so on.

When I returned on the third evening the patient refused to have any further treatment. There was nothing more wrong with her, she said: she had an excellent appetite and plenty of milk for the baby, there was not the slightest difficulty when it was put to her breast, and so on. Her husband thought it rather queer that after my departure the evening before she had clamoured violently for food and had remonstrated with her mother in a way quite unlike herself. But since then, he added, everything had gone all right.

There was nothing more for me to do. The mother fed her child for eight months, and I had many opportunities of satisfying myself in a friendly way that they were both doing well. I found it hard to understand, however, as well as annoying, that no reference was ever made to my remarkable achievement.

But my time came a year later, when a third child made the same demands on the mother and she was as unable to meet them as on the previous occasions. I found the patient in the same condition as the year before and positively exasperated with herself because her will could do nothing against her disinclination for food and her other symptoms; and the first evening's hypnosis only had the result of making her feel more hopeless. Once again after the second hypnosis the symptoms were so completely cut short that a third was not required. This child too, which is now eighteen months old, was fed without any trouble and the mother has enjoyed uninterrupted good health.

In face of this renewed success the patient and her husband unbent and admitted the motive that had governed their behaviour towards me. 'I felt ashamed', the woman said to me, 'that a thing like hypnosis should be successful where I myself, with all my will power, was helpless.' Nevertheless, I do not

think either she or her husband have overcome their dislike of hypnosis.

I shall now pass on to consider what may have been the psychical mechanism of this disorder of my patient's which was thus removed by suggestion. I have not, as in certain other cases which I shall discuss elsewhere,[1] direct information on the subject; and I am thrown back upon the alternative of deducing it.

There are certain ideas which have an affect of expectancy attached to them. They are of two kinds: ideas of my doing this or that—what we call *intentions*—and ideas of this or that happening to me—*expectations* properly speaking. The affect attached to them is dependent on two factors, first on the degree of importance which the outcome has for me, and secondly on the degree of uncertainty inherent in the expectation of that outcome. The subjective uncertainty, the counter-expectation, is itself represented by a collection of ideas to which I shall give the name of 'distressing antithetic ideas'. In the case of an intention, these antithetic ideas will run: 'I shall not succeed in carrying out my intention because this or that is too difficult for me and I am unfit to do it; I know, too, that certain other people have also failed in a similar situation.' The other case, that of an expectation, needs no comment: the counter-expectation consists in enumerating all the things that could possibly happen to me other than the one I desire. Further along this line we should reach the *phobias*, which play so great a part in the symptomatology of the neuroses. But let us return to the first category, the intentions. How does a person with a healthy ideational life deal with antithetic ideas against an intention? With the powerful self-confidence of health, he suppresses and inhibits them so far as possible, and excludes them from his associations. This often succeeds to such an extent that the existence of an antithetic idea against an intention is as a rule not manifest, but is only made probable when we come to consider the neuroses. On the other hand, where a neurosis is present—and I am explicitly referring not to hysteria alone but to the *status nervosus* in general—we have to assume the *primary presence* of a tendency to depression and to a lowering of self-confidence, such as we find very highly developed and in isolation in melancholia. In neuroses, then, great attention is paid [by the patient] to antithetic ideas against intentions,

[1] [A reference to the Breuer and Freud 'Preliminary Communication' (1893*a*), which was on the point of appearing.]

perhaps because the subject-matter of such ideas fits in with the mood of the neurosis, or perhaps because antithetic ideas, which would otherwise have been absent, flourish in the soil of a neurosis.

When this intensification of antithetic ideas relates to *expectations*, if the case is one of a simple *status nervosus*, the effect is shown in a generally pessimistic frame of mind; if the case is one of neurasthenia, associations with the most accidental sensations occasion the numerous phobias of neurasthenics. When the intensification attaches to *intentions*, it gives rise to the disturbances which are summed up under the description of *folie du doute*, and which have as their subject-matter distrust of the subject's own capacity. Precisely at this point the two major neuroses, neurasthenia and hysteria, each behave in a different manner, characteristic of each. In neurasthenia the pathologically intensified antithetic idea is combined with the volitional idea into a *single* act of consciousness, it subtracts from the volitional idea and brings about the weakness of will which is so striking in neurasthenics and of which they themselves are aware. The process in hysteria differs from this in two respects, or possibly only in one. [Firstly,] in accordance with the tendency to a *dissociation of consciousness* in hysteria, the distressing antithetic idea, which seems to be inhibited, is removed from association with the intention and continues to exist as a disconnected idea, often unconsciously to the patient himself. [Secondly,] it is supremely characteristic of hysteria that, when it comes to the carrying out of the intention, the inhibited antithetic idea can put itself into effect[1] by innervation of the body just as easily as does a volitional idea in normal circumstances. The antithetic idea establishes itself, so to speak, as a '*counter-will*', while the patient is aware with astonishment of having a will which is resolute but powerless. Perhaps, as I have said, these two factors are at bottom one and the same. it may be that the antithetic idea is only able to put itself into effect because it is not inhibited by being combined with the intention in the way in which the intention is inhibited by it.[2]

If in our present case the mother who was prevented by neurotic difficulties from feeding her child had been a neurasthenic, her behaviour would have been different. She would

[1] ['*Sich objektiviert*.' Literally, 'makes itself objective'. In his own abstract of this paper (Freud, 1897*b*) Freud uses the word '*Realisierung*', 'making real'. (*Standard Ed.*, **3**, 243.)]

[2] In the interval between writing this and correcting the proofs, I have come across a work by H. Kaan (1893), containing similar arguments.

have felt conscious dread of the task before her, she would have been greatly concerned with the various possible accidents and dangers and, after much temporizing with anxieties and doubts, would after all have carried out the feeding without any difficulty; or, if the antithetic idea had gained the upper hand, she would have abandoned the task because she felt afraid of it. But the hysteric behaves quite otherwise. She may perhaps not be conscious of her fear, she is quite determined to carry her intention through and sets about it without hesitating. Then, however, she behaves as though it was her will not to feed the child on any account. Moreover, this will evokes in her all the subjective symptoms which a malingerer would put forward as an excuse for not feeding her child: loss of appetite, aversion to food, pains when the child is put to her breast. And, since the counter-will exercises greater control over the body than does conscious simulation, it also produces a number of objective signs in the digestive tract which malingering would be unable to bring about. Here, in contrast to the *weakness* of will shown in neurasthenia, we have a *perversion* of will; and, in contrast to the resigned irresoluteness shown in the former case, here we have astonishment and exasperation at a disunity which is incomprehensible to the patient.

I therefore consider that I am justified in describing my patient as an *hystérique d'occasion*, since she was able, as a result of a fortuitous cause, to produce a complex of symptoms with a mechanism so supremely characteristic of hysteria. It may be assumed that in this instance the fortuitous cause was the patient's excited state before the first confinement or her exhaustion after it. A first confinement is, after all, the greatest shock to which the female organism is subject, and as a result of it a woman will as a rule produce any neurotic symptoms that may be latent in her disposition.

It seems probable that the case of this patient is a typical one and throws light upon a large number of other cases in which breast-feeding or some similar function is prevented by neurotic influences. Since, however, in the case I have reported I have only arrived at the psychical mechanism by inference, I hasten to add an assurance that I have frequently been able to establish the operation of a similar psychical mechanism in hysterical symptoms *directly*, by investigating the patient under hypnosis.[1]

[1] See the preliminary communication by J. Breuer and S. Freud [1893a] on 'The Psychical Mechanism of Hysterical Phenomena', which is appearing at the same time as the present paper.

Here I will mention only one of the most striking instances.[1] Some years ago I treated a hysterical lady who showed great strength of will in those of her dealings which were unaffected by her illness, but in those which *were* so affected she showed no less clearly the weight of the burden imposed on her by her numerous and oppressive hysterical impediments and incapacities. One of her striking characteristics was a peculiar noise which intruded, like a *tic*, into her conversation. I can best describe it as a singular clacking of the tongue with a sudden interruption of the convulsive closure of her lips. After oberving it for some weeks, I once asked her when and how it had first originated. 'I don't know when it was,' she replied, 'oh! a long time ago.' This led me to regard it as a genuine *tic*, till it occurred to me one day to ask the patient the same question under deep hypnosis. This patient had access under hypnosis (without there being any necessity to suggest the idea to her) to the whole store of her memories—or, as I should prefer to put it, to the whole extent of her consciousness, which was restricted in her waking life. She promptly answered: 'It was when my younger girl was so ill and had been having convulsions all day but had fallen asleep at last in the evening. I was sitting beside her bed and thought to myself "Now you must be absolutely quiet, so as not to wake her." It was then that the clacking came on for the first time. Afterwards it passed off. But once, some years later, when we were driving through the forest near , a violent thunderstorm came on and a tree-trunk beside the road just in front of us was struck by lightning, so that the coachman had to rein in the horses suddenly, and I thought to myself "Now, whatever you do, you mustn't scream, or the horses will bolt." And at that moment it came on again, and has persisted ever since.' I was able to convince myself that the noise she made was not a genuine *tic*, since, from the moment it was in this way traced back to its origin, it disappeared and never returned during all the years I remained in contact with the patient. This, however, was the first occasion on which I was able to observe the origin of hysterical symptoms through the putting into effect of a distressing antithetic idea—that is, through counter-will. The mother, worn out by anxieties and her duties as a nurse, made a decision not to let a sound pass her lips for fear of disturbing

[1] [This patient, Frau Emmy von N., was subsequently made the subject of the second case history in Breuer and Freud's *Studies on Hysteria* (1895d). See especially *Standard Ed.*, 2, 49, 54, 57-8 and 91-2. Her case is also referred to briefly in the 'Preliminary Communication', ibid., 2, [illegible]. The accounts differ in their details.]

her child's sleep, which had been so long in coming. But in her exhausted state the attendant antithetic idea that she nevertheless *would* do it proved to be the stronger; it made its way to the innervation of the tongue, which her decision to remain silent may perhaps have forgotten to inhibit, broke through the closure of her lips and produced a noise which thenceforward remained fixated[1] for many years, especially after the same course of events had been repeated.

There is one objection that must be met before we can fully understand this process. It may be asked how it comes about that it is the *antithetic* idea that gains the upper hand as a result of general exhaustion (which is what constitutes the disposition for the process). I should reply by putting forward the theory

[1] ['*Fixiert*.' Is this word used in its everyday sense of 'fixed'? Or is it used in the more technical sense of 'fixated'? The question is a constant plague to the translator at this period. Freud uses the word in a variety of ways. We have already come across '*Fixierung*' in quite another sense, as used by hypnotists, to mean 'a concentrated stare'. (See the Preface to the Bernheim translation (1888–9), p. 80 above, the review of Forel (1889*a*), p. 96 above, and the encyclopaedia article on 'Hypnosis' (1891*d*), p. 108 above.) Leaving this special sense on one side, we come to a number of cases, such as the present one, in which the word is used in something that approaches the ordinary sense of 'permanently set' or 'established'. See, for instance, the early lecture on the 'Preliminary Communication' (1893*h*), *Standard Ed.*, **3**, 32, where, as here, a symptom becomes 'fixated', or the French paper on motor paralyses (1893*c*), p. 172 below, where an idea is 'fixated' to a memory; or, another instance of a symptom being 'fixated', the second paper on the neuro-psychoses of defence (1896*b*), *Standard Ed.*, **3**, 174. A more doubtful case will be seen in Draft L of the Fliess papers, dating from 1897 (p. 249 below), but an instance in the 'Dora' case history (1905*e* [1901]), ibid., **7**, 56 and several in the *Three Essays* (1905*d*)—especially ibid., **7**, 243—show that the final psycho-analytic sense of a developmental stoppage has been reached. It should be noted that in this psycho-analytic sense the word still has two uses—fixation of an instinct to an object and fixation of an instinct at some particular point in its development. These two uses correspond to the two kinds of temporal regression which are described below in Appendix A to the *Project* (p. 345). Indeed, as is shown (with references) in the same passage, there is the closest clinical connection between fixation and regression in these senses. Finally, mention must be made of the very exceptional occurrence of the word '*Fixierung*' in the sense of 'record' or 'recording'. It appears thus in Chapter VII (B) of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 539 but thereafter not, it seems, till *Moses and Monotheism* (1939*a*), ibid., **23**, 62 and *An Outline of Psycho-Analysis* (1940*a* [1938]), ibid., **23**, 160. In all these last passages we have translated the word 'record'. (Cf. also Letter 52 to Fliess, p. 234, *n*. 3 below.)]

that the exhaustion is in fact only a *partial* one. What are exhausted are those elements of the nervous system which form the material foundation of the ideas associated with the primary consciousness; the ideas that are excluded from that chain of associations—that is, from the chain of associations of the normal ego—the inhibited and suppressed ideas, are *not* exhausted, and they consequently predominate at the moment of disposition to hysteria.

Anyone who is well acquainted with hysteria will observe that the psychical mechanism which I have been describing offers an explanation not merely of isolated hysterical occurrences but of major portions of the symptomatology of hysteria as well as of one of its most striking characteristics. If we keep firmly in mind the fact that it is the distressing antithetic ideas (inhibited and rejected by normal consciousness) which press forward at the moment of disposition to hysteria and find their way to the somatic innervation, we shall then hold the key to an understanding of the peculiarity of the deliria of hysterical attacks as well. It is owing to no chance coincidence that the hysterical deliria of nuns during the epidemics of the Middle Ages took the form of violent blasphemies and unbridled erotic language or that (as Charcot remarked in the first volume of his *Leçons du Mardi*) it is precisely well-brought-up and well-behaved boys who suffer from hysterical attacks in which they give free play to every kind of rowdiness, every kind of wild escapade and bad conduct.[1] It is the suppressed—the laboriously suppressed—groups of ideas that are brought into action in these cases, by the operation of a sort of counter-will, when the subject has fallen a victim to hysterical exhaustion. Perhaps, indeed, the connection may be a more intimate one, for the hysterical condition may perhaps be *produced* by the laborious suppression; but in the present paper I have not been considering the psychological features of that condition. Here I am merely concerned with explaining why—assuming that there is a state of disposition to hysteria—the symptoms take the particular form in which we in fact observe them.

This emergence of a counter-will is chiefly responsible for the daemonic characteristic which hysteria so often exhibits—the characteristic, that is, of the patients' not being able to do

[1] [The nuns and well-behaved boys appear several times at this period: e.g. in the 'Preliminary Communication' (1893a), *Standard Ed.*, **2**, 14, in Freud's technical section of *Studies on Hysteria*, ibid., 249, in his early lecture on hysteria (1893h), ibid., **3**, 38, as well as in one of his footnotes to his translation of Charcot's *Leçons du Mardi* (1892–4), p. 138 below, and again on p. 153.]

something precisely when and where they want to most passionately, of doing the exact opposite of what they have been asked to do, and of being obliged to cover everything they most value with abuse and suspicion. The perversity of character shown by hysterical patients, their itch to do the wrong thing, to appear to be ill just when they most want to be well—compulsions such as these (as anyone will know who has had to do with these patients) may often affect the most irreproachable characters when for a time they become the helpless victims of their antithetic ideas.

The question of what becomes of inhibited intentions seems to be meaningless in regard to normal ideational life. We might be tempted to reply that they simply do not occur. The study of hysteria shows that nevertheless they *do* occur, that is to say that the physical alteration corresponding to them is retained, and that they are stored up and enjoy an unsuspected existence in a sort of shadow kingdom, till they emerge like bad spirits and take control of the body, which is as a rule under the orders of the predominant ego-consciousness.

I have already said that this mechanism is supremely characteristic of hysteria; but I must add that it does not occur only in hysteria. It is present in striking fashion in *tic convulsif*, a neurosis which has so much symptomatic similarity with hysteria that its whole picture may occur as a part-manifestation of hysteria. So it is that Charcot, if I have not completely misunderstood his teachings on the subject, after keeping the two separate for some time, could only find one distinguishing mark between them—that hysterical *tic* disappears sooner or later, while genuine *tic* persists. The picture of a severe *tic convulsif* is, as we know, made up of involuntary movements frequently (according to Charcot and Guinon, always) in the nature of grimaces or of performances which have at one time had a meaning—of coprolalia, of echolalia and of obsessive ideas belonging to the range covered by *folie du doute*. It is, however, surprising to learn that Guinon, who had no notion whatever of entering into the psychical mechanism of these symptoms, tells us that some of his patients arrived at their spasms and grimaces because an antithetic idea had put itself into effect. These patients reported that on some particular occasion they had seen a similar *tic*, or a comedian intentionally making a similar grimace, and felt afraid that they might be obliged to imitate the ugly movements. Thenceforward they had actually begun imitating them. No doubt only a small proportion of the involuntary movements occurring in *tics* originate in this way. On the other hand, it would be tempting to

attribute to this mechanism the origin of coprolalia, a term used to describe the involuntary, or rather, the unwilling ejaculation of the foulest words, which occurs in *tics*. If so, the root of coprolalia would be the patient's perception that he cannot prevent himself from producing some particular sound, usually a 'h'm h'm'. He would then become afraid of losing control over other sounds as well, especially over words such as any well-brought-up man avoids using, and this fear would lead to what he feared coming true. No anamnesis confirming this suspicion is quoted by Guinon, and I myself have never had occasion to question a patient suffering from coprolalia. On the other hand I have found in the same writer's work a report upon another case of *tic* in which the word that was involuntarily spoken did not, exceptionally enough, belong to the coprolalic vocabulary. This was the case of an adult man who was afflicted with the necessity of calling out 'Maria!'. When he was a schoolboy he had had a sentimental attachment to a girl of that name; he had been completely absorbed in her, and this, it may be supposed, predisposed him to a neurosis. He began at that time to call out his idol's name in the middle of his school classes, and the name persisted with him as a *tic* half a lifetime after he had got over his love-affair. I think the explanation must be that his most determined endeavour to keep the name secret was reversed, at a moment of special excitement, into the counter-will and that thereafter the *tic* persisted as it did in the case of my second patient. If my explanation of this instance is correct, it would be tempting to derive coprolalic *tic* proper from the same mechanism, since obscene words are secrets that we all know and the knowledge of which we always try to conceal from one another.[1]

[1] I will merely add a suggestion that it would be repaying to study elsewhere than in hysteria and *tic* the way in which the counter-will puts itself into effect—an event which very frequently occurs within the limits of the norm. [This is an anticipation of *The Psychopathology of Everyday Life* (1901*b*), where, almost ten years later than this paper, the 'counter-will' reappears (*Standard Ed.*, **6**, 154 and 275). It occurs once more, also in connection with parapraxes, in Lecture IV of the *Introductory Lectures* (1916–17), *Standard Ed.*, **15**, 71 ff.]

PREFACE AND FOOTNOTES TO THE TRANSLATION OF CHARCOT'S *TUESDAY LECTURES*

(1892 94)

EDITOR'S NOTE

PREFACE AND FOOTNOTES TO THE TRANSLATION OF CHARCOT'S *LEÇONS DU MARDI DE LA SALPÊTRIÈRE* (*1887–8*)

(*a*) German Edition:

1892 4 In J.-M. Charcot, *Poliklinische Vorträge* [Out-patient Lectures], **1**, Academic Year 1887–1888, iii–vi, Leipzig and Vienna, Deuticke.

These seem never to have been reprinted and the present translation (by James Strachey) is the first into English. The French volume was published in Paris in 1888.

The date of publication of Freud's translation raises some rather doubtful questions of chronology. His preface is dated 'June, 1892' and the title-page in some bound copies of the book is also dated '1892'; but other copies of the title-page are dated '1894'. The book was in fact issued in instalments over these years. Freud enclosed one instalment (probably the first) in a letter to Fliess dated June 28, 1892, with this comment: 'The instalment of Charcot which I send you to-day is on the whole successful; but it annoys me, owing to several uncorrected wrong accents and spelling mistakes in the few French words. Slipshod!'[1]

The method of publication in instalments leads to some inconsistencies in Freud's footnotes. For instance, there are two references in them to his paper on the distinction between organic and hysterical paralyses (1893*c*, included in the present volume, below, p. 157), one before (see p. 140 below) and one after (p. 141) the paper's publication, which in fact took place late in July, 1893. Similarly, there are two references to the Breuer and Freud theory of hysteria, one almost certainly before (see p. 138) and one after (p. 141) the publication of the 'Preliminary Communication' (1893*a*), which occurred at the beginning of January, 1893. The earlier of these hints at the theory of catharsis may possibly be its very first publication;[2]

[1] In an unpublished portion of a letter to Fliess dated May 21, 1894, Freud mentioned that he was engaged on the last instalment of the *Leçons du Mardi*.

[2] See, however, the Villaret article on hysteria, p. 40 above.

but unluckily we have no material to establish the exact date of the instalment concerned.

The number of footnotes which Freud added to this translation is very large, and many of them are sharply critical of Charcot's opinions. In *The Psychopathology of Everyday Life* (1901*b*), Freud mentions the matter a little apologetically: 'I added notes to the text which I translated, without asking the author's permission, and some years later I had reason to suspect that the author was displeased with my arbitrary action' (*Standard Ed.*, **6**, 161). The footnotes are largely concerned with purely neurological topics, and we have only included here those which are of psychological interest.

It may be remarked, finally, that Charcot himself died (in the summer of 1893) before the publication was finished.[1]

[1] The second volume of the German translation was produced not by Freud but by Dr. Max Kahane (see p. 74 above), in 1895.

PREFACE AND FOOTNOTES TO THE TRANSLATION OF CHARCOT'S *TUESDAY LECTURES*

THE lectures by Charcot, which are here translated into German with the author's kind permission, bear in French the title *Leçons du Mardi de la Salpêtrière*. This title is derived from the day of the week on which the Professor on duty deals in person before his audience with the patients in the Out-Patient Department. The first volume of these *Leçons* appeared in 1888 in a very modest form as 'Notes by MM. Blin, Charcot junior and Colin'. In the present year (1892) it was revised by the author, and this revision is the basis of our German edition.

The French edition was introduced by a preface by Dr. Babinski, in which that preferred pupil of Charcot insists with just pride on how an almost inexhaustible abundance of stimulation and instruction has sprung from the 'Master' for many years past, and on how imperfectly the study of his published writings can replace his oral teaching. He therefore believes the plan justified of further bringing before the public these improvised lectures of Charcot and in that way of immeasurably widening the circle of his pupils and of his audience. And no one, I think, who has had the good fortune even for a short time to see the great discoverer at work and to assimilate his teachings, will fail to agree heartily with Dr. Babinski.

These lectures in fact contain so much that is novel that there is nobody, not even among experts, who will read them without a substantial increase of his knowledge. But this novelty is given such a stimulating and impressive shape that it is qualified, as perhaps no other work since Trousseau's *Leçons*,[1] to serve as a text-book for students and for any physician wishing to maintain his interest in neuropathology.

These lectures owe a peculiar charm to the fact that they are entirely, or for the most part, improvisations. The Professor does not know the patient who is brought before him, or knows him only superficially. He is obliged to behave before his audience as he ordinarily does only in his medical practice, with the exception that he thinks aloud and allows his audience to take part in the course of his conjectures and investigations. He

[1] [Armand Trousseau (1801-67), a French physician whose *Traité de thérapeutique* was long a classic.]

pretation of the clinical condition and of the interrelation of the symptoms. The clinical observation of the French undoubtedly gains in self-sufficiency in that it relegates physiological considerations to a second place. Their removal, however, may be the chief explanation of the puzzling impression made by the French clinical methods on the uninitiated. In this, incidentally, there is no neglect, but a deliberate exclusion which is considered expedient. I have heard Charcot say: 'Je fais la morphologie pathologique, je fais même un peu l'anatomie pathologique, mais je ne fais pas la physiologie pathologique, j'attend que quelqu'un autre la fasse.'[1]

Our appreciation of these lectures would be lamentably incomplete if it were to be broken off at this point. Interest in a lecture was often properly aroused only when the diagnosis had been made and the case had been dealt with in accordance with its peculiarities. After this, Charcot would take advantage of the freedom afforded by this method of instruction in order to make what we had seen into the starting-point for remarks on similar cases in his recollection and for introducing the most important discussions on the genuinely clinical topics of their aetiology, heredity and connection with other illnesses. It was then that—spellbound by the narrator's artistry no less than by the observer's penetration—we listened to the little stories which showed how a medical experience had led to a new discovery; it was then that, along with our teacher, we were carried up from the consideration of a clinical picture in nervous disease to a discussion of some fundamental problem of disease in general; it was then, too, that all at once we saw the teacher and the physician give place to the sage, whose open mind has absorbed the great and motley picture of the world's workings, and who gives us a glimpse of how nervous diseases are not to be looked on as a whim of pathology but as a necessary component of the whole aggregation. These lectures present so accurate a picture of Charcot's manner of speaking and thinking that, for anyone who has once sat among his audience, the memory of the Master's voice and looks comes alive once more and the precious hours return in which the magic of a great personality

[1] ['I practise pathological morphology, I even practise a little pathological anatomy, but I do not practise pathological physiology: I expect someone else to do it.' It may be remarked that Freud himself followed the French method to a large extent, at all events in his earlier classificatory work. See in particular his first paper on anxiety neurosis (1895b). The present account of Charcot's way of working appears in a summary form in Freud's obituary of him, written some eighteen months later (1893f), *Standard Ed.*, **3**, 12.]

questions the patient, examines one symptom or another, and in that way determines the diagnosis of the case and restricts it or confirms it by further examination. We observe that he has compared the case before him with a collection of clinical pictures derived from his experience and stored in his memory, and has identified the appearance of the present case with one of these pictures. This too is indeed the way in which we all arrive at a diagnosis beside a sick-bed, even though official clinical teaching sometimes gives the student a different idea. This is followed by differential diagnostic comments, and the lecturer endeavours to make clear the grounds on which his identification was based—grounds which, as we know, some good diagnosticians are unable to formulate, though they have their judgement determined by them. The further discussion relates to the clinical peculiarity of the case. The clinical picture, the '*entité morbide*', remains the basis of the whole study; but the clinical picture consists in a series of phenomena, a series which often branch off in a number of directions. The clinical assessment of the case lies in assigning it its place in this series. In the centre of the series lies the '*type*', the consciously and intentionally schematized extreme form of the clinical picture, or several such types can be set up, which are connected by transitional forms. It is certainly true that the '*type*', the complete and characteristic portrayal of the clinical picture, *can* be met with; but the cases that are actually observed diverge as a rule from the type: one or another of the picture's traits is obliterated, they can be arranged in one or more series departing from the type and end at last in quite indeterminate, rudimentary forms ('*formes frustes*'[1]), in which only the expert can still recognize derivatives of the type. While the description of clinical pictures is the subject-matter of nosography, the task of clinical medicine is to follow out the individual form taken by cases and the combination of their symptoms.

I have laid emphasis here on the concepts of the '*entité morbide*', of the series, of the '*type*' and of the '*formes frustes*' because it is in their employment that a main characteristic of the French method of clinical practice resides. This way of looking at things is in fact foreign to the German method. In the case of the latter the clinical picture and the type play no principal part; on the other hand, another characteristic comes into prominence, which is explained by the evolution of German clinicians: a tendency to make a physiological inter-

[1] [The French word '*fruste*' applies originally to 'effaced' coins or medals.]

bound his hearer irrevocably to the interests and problems of neuropathology.

I must add a few words to justify the notes which, printed in smaller type, interrupt the flow of Charcot's exposition at very irregular intervals. These originate from me and consist in part of explanations of the text and additional references to the literature, but in part of critical objections and glosses such as might occur to a member of the audience. I hope these remarks will not be understood as though I were trying in any way to set my views above those of my honoured teacher, to whom I am also under a personal obligation as a pupil. I am merely claiming, rather, the right to criticize which is used, for instance, by every reviewer in a technical journal irrespectively of his own merits. There are so many things in neuropathology that are still unexplained and debatable and an understanding of which can only benefit from ventilation, that I have ventured to enter into discussion of a few of these points which are touched on in the lectures. I do so, naturally enough, from my own point of view in so far as this differs from the theories of the Salpêtrière. Charcot's readers, however, have no occasion to pay more attention to my remarks in this connection than these might otherwise deserve on their own account.

In my rendering of these lectures it has been my endeavour, not indeed to imitate Charcot's incomparably clear and at the same time elevated style—which would have been unattainable for me—but to blur as little as possible their characteristically informal language.

DR. SIGM. FREUD

VIENNA, *June* 1892

EXTRACTS FROM FREUD'S FOOTNOTES TO HIS TRANSLATION OF CHARCOT'S *TUESDAY LECTURES*

P. 107

[Charcot had been giving an account of hysterical attacks.]

. . . I avail myself of the opportunity offered in the text in order to lay before the reader an independent view of hysterical attacks. Charcot's 'type', with its modifications and the possibility of each stage becoming independent and representing the whole attack, etc., is undoubtedly extensive enough to cover all the observed forms of attack. For that very reason it will perhaps be argued in some quarters that it does not represent a true entity.

I have attempted to meet the problem of hysterical attacks along a line other than descriptive, and by examining hysterical patients in a hypnotic state I have arrived at new findings, a few of which I will mention here. The core of a hysterical attack, in whatever form it may appear, is a *memory*, the hallucinatory reliving of a scene which is significant for the onset of the illness. It is this event which manifests itself in a perceptible manner in the phase of '*attitudes passionelles*'; but it is also present when the attack appears to consist only of motor phenomena. The *content of the memory* is as a rule either a psychical *trauma* which is qualified by its intensity to provoke the outbreak of hysteria in the patient or is an event which, owing to its occurrence at a particular moment, has become a trauma.

In cases of what is known as 'traumatic' hysteria this mechanism is obvious to the most cursory observation; but it can be demonstrated also in hysteria where there is no single major trauma. In such cases we find repeated minor traumas or, where the factor of disposition predominates, memories which are often indifferent in themselves magnified into traumas. A trauma would have to be defined as an *accretion of excitation*[1] in the nervous system, *which the latter has been unable to dispose of adequately by motor reaction*. A hysterical attack is *perhaps* to be regarded as an attempt to complete the reaction to the trauma.

[1] ['*Erregungszuwachs*'. Cf. the paper on organic and hysterical paralyses p. 172, n. 1, below.]

—I may refer here to a work on this subject which has been begun in collaboration with Dr. Josef Breuer.[1]

P. 137

[Charcot had described cases in which well-brought-up boys had hysterical attacks accompanied by outbreaks of obscene language.]

Can it be a matter of chance that attacks in young people of whose good upbringing and manners Charcot speaks highly take the form of ravings and abusive language? This is no more the case, I think, than the familiar fact that the hysterical deliria of nuns revel in blasphemies and erotic pictures.[2] In this we may suspect a connection which allows us a deep insight into the mechanism of hysterical states. There emerges in hysterical deliria material in the shape of ideas and impulsions to action which the subject in his healthy state has rejected and inhibited —has often inhibited by a great psychical effort. Something similar holds good of a number of dreams, which spin out further associations which have been rejected or broken off during the day. I have based on this fact the theory of 'hysterical counter-will'[3] which embraces a good number of hysterical symptoms.

P. 142

[Charcot was discussing a case exhibiting symptoms both of *tic* and of obsessions.]

Here I may recall an interesting case which I observed recently which showed a new variant in the relation between *tic* and obsession. A man aged 23 consulted me on account of obsessions of a typical kind. From the age of 8 to 15 he had suffered from a lively *tic*, which has disappeared since then. The obsessions appeared at the age of 12 and have become much more severe recently.

[1] [Cf. Section IV of the 'Preliminary Communication' (1893*a*), *Standard Ed.*, **2**, 13 ff. An early draft of this had been drawn up, probably by Freud himself, towards the end of 1892. It is included here, on p. 151 ff. below.]

[2] [Cf. an Editor's footnote on p. 126 above, where a number of other references are given.]

[3] [See the discussion of this in 'A Case of Successful Treatment by Hypnotism' (1892-3), p. 125 ff. above.]

P. 210

[Freud has a long footnote dealing with an elaborate discussion of Charcot's, who maintained that in certain cases complete hemi-anaesthesia could occur owing to a particular kind of central organic lesion and was in such cases exactly similar to hysterical hemi-anaesthesia. In particular, Charcot denied that in these cases hemi-anopsia was present.]

. . . When on one occasion I ventured to question him on this point and to argue that this contradicted the theory of hemi-anopsia, I was met by this excellent comment: 'La théorie c'est bon; mais ça n'empêche pas d'exister.' If one only knew *what* exists! . . .[1]

P. 224

[Charcot had declared that heredity was the 'true cause' of a patient's hysterical attacks, his vertigo and his agoraphobia.]

I venture upon a contradiction here. The more frequent cause of agoraphobia as well as of most other phobias lies not in heredity but in abnormalities of sexual life. It is even possible to specify the form of abuse of the sexual function involved. Such disorders can be *acquired* in any degree of intensity; naturally they occur more intensely, with the same aetiology, in individuals with a hereditary disposition.

P. 237

[Charcot was discussing a case of Graves' disease.]

Some readers will probably, like me, object to Charcot's aetiological theory which does not separate the disposition to neuroses from that to organic nervous diseases, which takes no account of the part played by *acquired* nervous diseases (which cannot be over-estimated) and which makes an arthritic tendency in relatives figure as a hereditary neuropathic disposition. His over-estimation of the part played by the factor of heredity may also explain the fact that, in dealing with Graves'

[1] [This was perhaps Freud's favourite anecdote about Charcot, and he tells it in many places. In his obituary of Charcot (where a list of these will be found) he tells it differently. There the objection was raised anonymously, by 'one of us', and the point at issue was the much simpler question of the validity of the Young-Helmholtz theory (of colour-vision). (*Standard Ed.*, **3**, 13.)]

disease, Charcot does not mention the organ in whose changes, as weighty indications tell us, we must look for the true cause of the affection. I refer, of course, to the thyroid gland and, in connection with the discussion of the fact that hereditary disposition and psychical trauma play a large part in the development of the disease, I may mention Moebius's excellent paper on Graves' disease in the *Deutsche Zeitschrift für Nervenheilkunde*, **1**, (1891).

P. 268

[Charcot was discussing the distinction between organic and hysterical aphasia.]

When I left the Salpêtrière in 1886, Charcot set me the task of carrying out a comparative study of organic and hysterical paralyses on the basis of the observations made by the Salpêtrière. I have carried out the work but not published it. Its outcome was a further extension of the thesis laid down here by Charcot: hysterical paralyses are characterized by two factors and, in particular, beyond that, by a concurrence between them. They are capable, in the first place, of the *greatest intensity* and, in the second place, of the *sharpest isolation*, and they diverge especially from organic paralyses when they combine intensity and isolation. *A monoplegia of the arm from an organic cause can be limited exclusively to the arm, but in that case it is almost never absolute.* As soon as its intensity increases, it also becomes more extensive; it is positively the rule that it is then accompanied as well by a slight degree of paresis in the face and in the leg. If it is limited to the arm alone and at the same time absolute, the paralysis can only be hysterical.[1]

P. 286

[Charcot had been giving technical advice on the use of suggestion: 'The English, who are certainly practical people, have in their language a warning: "Do not prophesy unless you are sure." I should like to associate myself with this and should advise you to do so too. Indeed, if, in an undoubted case of

[1] [The paper of Freud's referred to here (1893*c*) was actually published late in July, 1893 (see p. 158 below), while the parts of the present volume were still appearing, as is shown by a second reference to it (quoted below on pp. 141–2, after its publication. It is included in the present volume (p. 157), where further particulars are given.]

psychical paralysis, you say to the patient with complete confidence: "Stand up and walk!", and if he really does, you may, it is true, ascribe the miracle you have performed to yourself and your diagnosis. But I advise you not to venture too far and to consider from the first how, in the possible case of a failure, you can make certain of a retreat "in good order".']

With these wise words Charcot reveals one of the greatest inconveniences with which the practical use of suggestion in the waking state and under light hypnosis has to reckon. In the long run neither the doctor nor the patient can tolerate the contradiction between the decided denial of the ailment in the suggestion and the necessary recognition of it outside the suggestion.[1]

P. 314

[Charcot had discussed the case history of a male hysterical patient whose disorder was apparently the outcome of mercurial intoxication.]

The readers of these lectures are probably aware that P. Janet, Breuer and I, as well as other authors, have very recently sought to outline a psychological theory of hysterical phenomena, based on Charcot's own writings (on the explanation of hystero-traumatic paralyses). However robust and promising this theory may seem to us, prudence calls for an admission that no step has hitherto been taken towards showing that hysteria through intoxication or the analogy between hysterical and organic hemiplegia or the origin of hysterical contractures can be subsumed under the basic idea of this line of approach. I hope that this task will not prove insoluble or at least that these facts will not turn out to be irreconcilable with the psychological theory.

P. 368

[Charcot was pointing out the differential diagnosis between organic and hysterical monoplegias.]

In a short work ('Quelques considérations pour une étude comparative des paralysies motrices organiques et hystériques', *Archives de Neurologie*, No. 77, 1893) I have tried to enlarge on

[1] [Freud's comment is evidence of his growing dissatisfaction with suggestion. (Cf. the Editor's remarks on p. 66 above.)]

this remark of Charcot's and have discussed its relation to the theory of the neuroses.[1]

P. 371

[Charcot was describing the differing attacks shown by a hysterical girl.]

We shall certainly not be misunderstanding Charcot if we conclude from his remarks on '*hystéro-épilepsie à crises mixtes*' and '*à crises séparées*' that the term 'hystero-epilepsy' is thoroughly objectionable and that its use should be entirely dropped. Some of the patients indicated in this way are suffering simply from hysteria; others are suffering from hysteria *and* epilepsy, two disorders which have little internal relationship and only meet by chance in a single individual. A statement such as this may not be unnecessary, since many physicians nevertheless seem to be of the opinion that 'hystero-epilepsy' is an aggravation of hysteria or a transition from it to epilepsy. An intention to convey this meaning no doubt originally underlay the creation of the term 'hystero-epilepsy'. But Charcot has long since abandoned any such view, and there is no reason why we should lag behind him on this point.[2]

P. 399

[Charcot had expressed his views on over-work as a cause of 'cerebral neurasthenia'.]

All these aetiological discussions on questions of neurasthenia are incomplete so long as no consideration is given to sexual noxae, which, in my experience, constitute the most important and only indispensable aetiological factor.

P. 404

[On a discussion of hereditary determinants of neuroses.]

. . . The theory of the '*famille névropathique*' is certainly in urgent need of revision.

[1] [This is the same paper of Freud's (1893*c*) which he spoke of in an earlier footnote (p. 140 above) as not yet published.]

[2] [Cf. the footnote to the article in Villaret on hystero-epilepsy, p. 58 above.]

P. 417

[In a similar connection.]

. . . The conception of the '*famille névropathique*' which, incidentally, embraces almost everything we know in the form of nervous diseases, organic and functional, systematic and accidental—could scarcely stand up to serious criticism.[1]

[1] [In his Obituary of Charcot (1893*f*, *Standard Ed.*, **3**, 23), Freud criticizes the theory of the '*famille névropathique*' (the group of the nervous disorders), in which Charcot included 'all those disorders of the nervous system which can take one another's place reciprocally in inheritance'—among them both tabes and hysteria.]

SKETCHES FOR THE 'PRELIMINARY COMMUNICATION' OF 1893

(1940–41 [1892])

SKETCHES FOR THE 'PRELIMINARY COMMUNICATION' OF 1893

The three condensed memoranda which follow were included among the posthumous writings of Freud in Volume XVII of the *Gesammelte Werke*. (More detailed bibliographical data are attached to each separate draft below.) We are informed by the editors of the German edition that all three of these papers had been in Breuer's possession but were returned by him to Freud in 1909, the year after the publication of the second edition of *Studies on Hysteria*. Freud acknowledged their receipt in a letter dated October 8, 1909: 'Very many thanks for letting me have the old drafts and sketches, which seem to me most interesting. As regards the notes on hysterical attacks [Sketch C below], it must be as you say; but I did not keep the manuscript after it was printed.'

Though the second of these sketches is undated, there can be no doubt that all three of them were written in the latter part of 1892, in preparation for the 'Preliminary Communication'—'On the Psychical Mechanism of Hysterical Phenomena' (1893*a*), *Standard Ed.*, **2**, 3. That work, produced in collaboration with Josef Breuer, was published on January 1 and 15, 1893.

Much of these sketches is in a highly condensed form, but it is possible to discover almost every single element of them, more intelligibly stated, in the 'Preliminary Communication'. There is, however, one remarkable exception. The 'principle of constancy' is stated very clearly, and perhaps for the first time, in Section 5 of Sketch C (pp. 153–4); but it is entirely omitted, for some unexplained reason, in the 'Preliminary Communication'. A full account of the history of the 'principle of constancy' is given in an Editor's Appendix on 'Freud's Fundamental Hypotheses' in *Standard Ed.*, **3**, 64–5.

(A) LETTER TO JOSEF BREUER[1]

29. 6. 92.

Honoured friend,

The satisfaction with which I innocently handed you over those few pages of mine has given way to the uneasiness which is so apt to go along with the unremitting pains of thinking. I am tormented by the problem of how it will be possible to give a two-dimensional picture of anything that is so much of a solid as our theory of hysteria. The main question, no doubt, is whether we should describe it historically and lead off with all (or two of the best) case histories, or whether, on the other hand we should start by dogmatically stating the theories we have devised as an explanation.[2] I incline to the second suggestion and would arrange the material thus:

(1) Our theories:
  (*a*) The theorem concerning the constancy of the sum of excitation.[3]
  (*b*) The theory of memory.[4]
  (*c*) The theorem which lays it down that the contents of different states of consciousness are not associated with one another.[5]

(2) The origin of chronic hysterical symptoms: dreams, autohypnosis, affects and the results of absolute traumas. The first three of these factors relate to disposition, the last

[1] [First published, *G W.*, **17** (1941), 5-6. English trans. (by James Strachey), *C.P.*, **5** (1950), 25–6. The present translation is a revised reprint of this On June 28, 1892, the day before writing this letter to Breuer, Freud had written one to Fliess telling him that 'Breuer has agreed that the theory of abreaction and the other findings on hysteria which we have arrived at jointly shall be brought out jointly too, in a detailed publication.' (Freud, 1950*a*, Letter 9.) He added that 'a portion of it, which I began by wanting to write alone, is finished.' It is presumably to this that Freud is referring at the beginning of the present letter.]

[2] [Exactly the same two alternative methods of exposition were considered by Freud in his last, posthumously published fragment 'Some Elementary Lessons in Psycho-Analysis' (1940*b* [1938]), *Standard Ed.*, **23**, 281.]

[3] [This is the earliest recorded mention of the 'principle of constancy', which is stated fully on pp. 153-4, in Section 5 of Sketch C.]

[4] [See Sections 2, 3 and 4 of Sketch C.]

[5] [Cf. Sketch B, pp. 149–50 below.]

relates to aetiology.[1] The chronic symptoms would seem to correspond to a normal mechanism; they are displacements [subsidary topic],[2] in part along an abnormal path (internal alteration), of sums of excitation which have not been released. Reason for the displacement: attempt at reaction. Reason for the persistence: theorem (*c*) [above], concerning associative isolation.—Comparison with hypnosis.[3]

Subsidiary topic: On the nature of the displacement: localization of the chronic hysterical symptoms.

(3) *The hysterical attack:* also an attempt at reaction, by means of recollection, etc.[4]

(4) *The origin of hysterical stigmata:* highly obscure, a few hints.[5]

(5) *The pathological formula of hysteria:* Dispositional and accidental hysteria. The series proposed by me.[6] The magnitude of the sum of excitation, the concept of trauma, the second state of consciousness.[7]

[1] [This points to the distinction between 'dispositional' and 'traumatic' hysteria, mentioned in (5) below, and discussed at the end of the first paragraph of Sketch B.]

[2] [These words are deleted in the manuscript.]

[3] [An alternative version of part of this paragraph has been deleted in the manuscript. After 'the chronic symptoms would seem to correspond to a normal mechanism' this deleted version went on: they are 'attempts at reaction, in part along abnormal paths; what is hysterical about them is that they persist. The reason for their persistence lies in theorem (*c*)'.]

[4] [See Sketch C.]

[5] [Cf. an Editor's footnote on these in the first section of 'The Aetiology of Hysteria' (1896*c*), *Standard Ed.*, 3, 192–3.]

[6] [See the end of the first paragraph of Sketch B, p. 149 below.]

[7] [See Sections 2 and 4 of Sketch C below.]

(B) 'III'[1]

In what we have written above we have had to point out as a fact of observation that the recollections lying behind hysterical phenomena are absent from the patient's accessible memory, whereas under hypnosis they can be awakened with hallucinatory vividness. We have also pointed out that a number of such recollections relate to events that occurred in peculiar states (such as cataplexy due to fright, half-dreaming conditions, auto-hypnosis, and so on), the content of which is not connected associatively with normal consciousness. Thus it was already to that extent impossible for us to discuss what it is that determines the occurrence of hysterical phenomena without first considering a particular hypothesis, which seeks to characterize the hysterical disposition. In hysteria, according to this hypothesis, the content of consciousness easily becomes temporarily dissociated and certain complexes[2] of ideas which are not associatively connected easily fly apart. The hysterical disposition is therefore to be looked for where states of this kind either appear spontaneously (from internal causes) or are easily produced by external influences; and we may suppose a series of cases in which these two factors play a part of varying importance.[3]

We describe these states as 'hypnoid'[4], and we emphasize the fact that it is an essential characteristic of them that their content is to a greater or less extent cut off from the remaining content of consciousness and is thus deprived of the possibility of being disposed of associatively[5]—just as in dreaming and waking, *a model of two states which differ from each other, we are not inclined to make associations from the one to the other but only within*

[1] [First published, *G.W.*, **17** (1941), 17-18. English trans. (by James Strachey), *C.P.*, **5** (1950), 31-2. The present translation is a revised reprint of the latter.—This is evidently a draft of Section III of the Breuer and Freud 'Preliminary Communication' (1893*a*), *Standard Ed.*, **2**, 11-13, which no doubt accounts for the heading.]

[2] [An early use of the term by Freud. For a discussion of its history see the Editor's Note to a paper on legal evidence (1906*c*), *Standard Ed.*, **9**, 100-2.—Cf. also footnote 5 on p. 375 below.]

[3] [See the 'Preliminary Communication', *Standard Ed.*, **2**, 13. This is the first explicit appearance of what Freud was later to call a 'complemental series', though it had already been mentioned in Sketch A (5), above. For a full discussion see the Editor's Note to the second paper on anxiety neurosis (1895*f*), *Standard Ed.*, **3**, 121-2.]

[4] [The earliest appearance of Breuer's term.]

[5] [Cf. the final paragraph of Sketch C, p. 154 below.]

(1) The constant and essential content of a recurrent hysterical attack is the return of a psychical state which the patient has already experienced earlier—in other words, *the return of a memory*.

We are asserting, then, that the essential portion of a hysterical attack is comprised in Charcot's phase of *attitudes passionnelles*. In many cases it is quite obvious that this phase comprises a memory from the patient's life and frequently, indeed, that memory is always the same one. But in other cases this phase seems to be absent and the attack apparently consists only of motor phenomena—of epileptoid spasms or of a cataleptic or sleep-like state of quiescence; yet even in such cases *examination under hypnosis provides definite proof of a psychical mnemic process* such as is usually revealed openly in the *phase passionnelle*.

The motor phenomena of an attack are never unrelated to its psychical content; either they give a general expression of the accompanying emotion or they correspond exactly to the actions involved in the hallucinatory process.

(2) *The memory which forms the content of a hysterical attack is not any chance one; it is the return of the event which caused the outbreak of hysteria—the psychical trauma.*

This relation is once again manifest in the classical cases of traumatic hysteria such as Charcot demonstrated in male patients, where someone who was not previously hysterical succumbed to a neurosis after a single major fright (such as a railway accident, a fall, etc.). In such cases the content of the attack consists in a hallucinatory reproduction of the event which endangered the subject's life, accompanied perhaps by the trains of thought and sense impressions which passed through his mind at the time. But the behaviour of these patients does not differ from that of common female hysterics; it is an exact model of it. If we examine the content of the attacks of one of the latter in the manner that has been indicated, we come upon events which are equally well calculated in their nature to operate as traumas (e.g. frights, mortifications, disappointments). Here, however, the single major trauma is as a rule replaced by a series of minor ones, which are held together by their similarity or by the fact of forming part of one unhappy story. Such patients, accordingly, often have attacks of different kinds, each with a particular mnemic content. This fact makes it necessary to extend the concept of traumatic hysteria considerably.

In a third group of cases we find that the content of the attacks consists in memories which we should not have judged worthy in themselves of constituting traumas. They evidently owe this

to the fact that they happened to be associated by a chance coincidence with a moment at which the subject's hysterical disposition was pathologically intensified and they were thus elevated into traumas.

(3) *The memory which forms the content of a hysterical attack is an unconscious one, or, more correctly, it is part of the second state of consciousness which is present, organized to a greater or less degree, in every hysteria.* Accordingly, that memory is either wholly absent from the patient's recollection when he is in his normal state, or it is present only in a summary fashion. If we can succeed in bringing such a memory entirely into normal consciousness, it ceases to be capable of producing attacks. During an actual attack the patient is partly or wholly in the second state of consciousness. In the latter case the whole attack is covered by amnesia during his normal life, in the former case he is aware of the change in his state and of his motor behaviour, but the psychical events during the attack remain hidden from him. They can, however, be awakened at any time by hypnosis.

(4) The question of the origin of the mnemic content of hysterical attacks coincides with the question of what it is that determines whether an experience (an idea, intention, etc.) shall be taken up into the second consciousness rather than into the normal one. We have discovered with certainty two of these determinants in hysterical subjects.

If a hysterical subject seeks intentionally to forget an experience or forcibly repudiates, inhibits and suppresses an intention or an idea, these psychical acts, as a consequence, enter the second state of consciousness; from there they produce their permanent effects and the memory of them returns as a hysterical attack. (Cf. hysteria in nuns, continent women, well-brought-up boys,[1] people with a hankering after art or the stage, etc.)

Impressions received during unusual psychical states (such as affective states, states of ecstasy or auto-hypnosis) also enter the second state of consciousness.

It may be added that these two determinants are often combined by internal links, and that there are probably other determinants in addition to these.

(5) *The nervous system endeavours to keep constant something in its functional relations that we may describe as the 'sum of excitation'. It*

[1] [Cf. the Editor's footnote on p. 126 above, where a full list of references is given.]

puts this precondition of health into effect by disposing associatively of every sensible accretion of excitation[1] *or by discharging it by an appropriate motor reaction.*[2] If we start out from this theorem, which, incidentally, has far-reaching implications, we find that the psychical experiences forming the content of hysterical attacks have a characteristic in common. They are all of them *impressions which have failed to find adequate discharge*, either because the patient refuses to deal with them for fear of distressing mental conflicts, or because (as in the case of sexual impressions) he is forbidden to do so by modesty or social conditions, or, lastly, because he received these impressions in a state in which his nervous system was incapable of fulfilling the task of disposing of them.

In this way, too, we arrive at a definition of a psychical trauma which can be employed in the theory of hysteria: *any impression which the nervous system has difficulty in disposing of by means of associative thinking or of motor reaction becomes a psychical trauma.*

[1] ['*Erregungszuwachs*'. Cf. the paper on organic and hysterical paralyses, p. 172 *n.* 1, below.]

[2] [This is the 'principle of constancy'. See the Editor's Note above, p. 146].

SOME POINTS FOR A COMPARATIVE STUDY OF ORGANIC AND HYSTERICAL MOTOR PARALYSES

(1893 [1888–1893])

EDITOR'S NOTE

QUELQUES CONSIDÉRATIONS POUR UNE ÉTUDE COMPARATIVE DES PARALYSIES MOTRICES ORGANIQUES ET HYSTÉRIQUES

(*a*) French Editions:

1893 *Arch. Neurol.*, **26** (77), 29–43. (July.)
1906 *S.K.S.N.*, **1**, 30–44. (1911, 2nd ed.; 1920, 3rd ed.; 1922, 4th ed.)
1925 *G.S.*, **1**, 273–89.
1952 *G.W.*, **1**, 39–55.

(*b*) English Translation:

'Some Points in a Comparative Study of Organic and Hysterical Paralyses'
1924 *C.P.*, **1**, 42–58. (Tr. M. Meyer.)

Included (No. XXVIII) in Freud's own collection of abstracts of his early works (1897*b*). The original is in French. The present translation is a new one, with an altered title, by James Strachey.

This paper has a long history behind it, which is related in full by Ernest Jones (1953, 255–7). The subject of the present investigation was apparently suggested by Charcot to Freud, in February 1886, just before his departure from Paris.[1] In his 'Report on my Studies in Paris and Berlin' (1956*a*), written in April, 1886, very soon after his return to Vienna, Freud writes that his discussions with Charcot 'led to my preparing a paper which is to appear in the *Archives de Neurologie* and is entitled "*Vergleichung der hysterischen mit der organischen Symptomatologie*" ["A Comparison between Hysterical and Organic Symptomatology"]'. (See p. 12 above.) It thus seems that the paper was

[1] So Freud tells us at the beginning of the present paper and in a footnote to his translation of a volume of Charcot's *Leçons du mardi* (*Poliklinische Vorträge*, **1**, 268—Freud, 1892–94) a footnote which, incidentally, contains a synopsis of the earlier part of this paper (p. 140 above). But in his *Autobiographical Study* (1925*d*), *Standard Ed.*, **20**, 13–14, he mentions the idea as originating from himself, and this seems to be confirmed by two letters written to his wife from Paris at the time of the event and quoted by Jones (1953, 257).

already written at this early date;[1] but, rather more than two years later, in a letter to Fliess dated May 28, 1888, he writes: 'The first draft of the "hysterical paralyses" is now finished; it is uncertain when the second will be.' (Freud, 1950*a*, Letter 4.) After another three months he writes again, on August 29: 'I am now at last just finishing the hysterical and organic paralyses, with which I am fairly well pleased' (ibid., Letter 5). Further, in his preface (also dated 'August, 1888') to his translation of Bernheim's book on suggestion (Freud, 1888–9), he refers to the present subject and speaks of a work upon it 'which is shortly to appear' (p. 80 above). There then follow five years of complete silence, broken once more by a letter to Fliess of May 30, 1893 (ibid., Letter 12): 'The book I am sending you to-day is not very interesting.[2] The hysterical paralyses, smaller and more interesting, is appearing at the beginning of June.' On July 10 (ibid., Letter 13): 'The hysterical paralyses should have appeared long ago; they will probably come out in the August number. It is a very short paper . . . You may remember perhaps that I was already engaged on the question when you were my pupil, and that I gave one of my University lectures on it at that time.' This would have been in the autumn of 1887, when Fliess attended some lectures of Freud's in Vienna. Finally, in another (unpublished) letter to Fliess, of July 24, 1893: 'The hysterical paralyses have at last appeared.'

There is nothing to show the nature of the 'accidental and personal reasons' which Freud speaks of here (p. 160), to account for the five years' delay in publishing the apparently completed original draft. (Cf. also p. 73 above.) We cannot tell whether it too was written in French; but, in spite of the German title given to it in his 'Paris Report' (p. 12 above), it seems probable that it was. For, as we have seen, at the time of their original discussion Charcot seems to have promised to publish the outcome of Freud's investigation in the *Archives de Neurologie*, and he did so seven years afterwards—only a fortnight or so before his own unexpected death.

There is, however, a possible explanation of the delay, which is connected with the position occupied by this paper on the watershed between Freud's neurological and psychological writings. The first three sections of the paper are entirely neurological and were no doubt written in 1888, if not in 1886. But the fourth section must date from 1893, if only because it

[1] It may be remarked that a number of the points made in this paper are to be found in the article 'Hysteria' published in Volume I of Villaret's encyclopaedia in 1888 (p. 46 ff. above).

[2] A large monograph on the cerebral diplegias of children (1893*b*).

quotes the Breuer and Freud 'Preliminary Communication', which appeared at the beginning of that year. The whole of this last section, indeed, is based entirely on the new ideas with which Breuer and Freud had begun to operate—repression, abreaction, the principle of constancy, are all implied here if not named explicitly. Freud's direct contact with these ideas had begun in about 1887, and in the following years he was becoming more and more absorbed in them. It seems not impossible that when he had finished the first draft of this paper he already began to have some faint notion of an explanation of the facts contained in it which involved these new ideas, and he may for that reason have held back its publication while he went into the question more deeply.

Finally, a quite minor point may be remarked on, which is of interest as a hint of things to come: the paragraph near the end of the paper which is perhaps Freud's first brief public incursion into social anthropology.

SOME POINTS FOR A COMPARATIVE STUDY OF ORGANIC AND HYSTERICAL MOTOR PARALYSES

At the time at which, in 1885 and 1886, I was a pupil of M. Charcot's, he was kind enough to entrust me with the task of making a comparative study of organic and hysterical motor paralyses based on the observations of the Salpêtrière, in the hope that it might reveal some general characteristics of the neurosis and lead to a view of its nature. For accidental and personal reasons I have long been prevented from carrying out his commission, and even now I am only bringing forward some results of my researches, leaving on one side the details necessary for a complete statement of my opinions.

I

I must begin with some remarks on organic motor paralyses which, incidentally, are generally accepted. Clinical neurology recognizes two kinds of motor paralysis *peripheo-spinal* (or bulbar) paralysis and *cerebral* paralysis. This distinction agrees entirely with the findings of the anatomy of the nervous system, which show that the course of the motor conductive fibres falls into two sections only: of which the first runs from the periphery to the cells of the anterior horns of the spinal cord and the second from there to the cerebral cortex. The modern histology of the nervous system, founded on the work of Golgi, Ramón y Cajal, Kölliker, etc., expresses these facts in the statement that 'the course of the motor conductive fibres is made up of two *neurones* (cellulo-fibrillary neural units), which meet and enter into relation with each other at the level of the cells known as the motor cells of the anterior horns.' The essential difference between these two sorts of paralysis is, in clinical terms, as follows: *peripheo-spinal paralysis is a paralysis 'détaillée', cerebral paralysis is a paralysis 'en masse'.*[1]

The type of the former is the facial paralysis in Bell's palsy, the paralysis in acute infantile poliomyelitis, etc. In these disorders each muscle—one might say, each muscle fibre—can be paralysed individually and in isolation. What happens depends

[1] [In Freud's own summary of the present paper in German (in 1897*b*, No. XXVIII, *Standard Ed.*, 3, 248) he does not translate these terms. They might perhaps be rendered 'discrete' and 'mass'.]

only on the site and extent of the nervous lesion; and there is no fixed rule according to which one peripheral element escapes paralysis while another suffers from it permanently.

Cerebral paralysis, on the contrary, is always a disorder that attacks a large portion of the periphery, a limb, a segment of an extremity or a complicated motor apparatus. It never affects an individual muscle—for instance, the biceps of the arm or the tibialis in isolation; and if there are apparent exceptions to this rule (cortical ptosis, for example), we can see clearly that what are in question are muscles which perform by themselves a function of which they are the sole instrument.

In the cerebral paralyses of the extremities, it can be observed that the distal segments always suffer more than the proximal ones; for instance, the hand is more paralysed than the shoulder. So far as I know, there is no such thing as an isolated cerebral paralysis of the shoulder with the hand retaining its motility, whereas the contrary is the rule in paralyses which are not complete.

In a critical study of aphasia, published in 1891, I endeavoured to show that the cause of this important difference between periphero-spinal and cerebral paralyses is to be looked for in the structure of the nervous system. Each element in the periphery corresponds to an element in the grey matter of the cord, which, as M. Charcot has said, is its nervous termination; the periphery is, so to say, projected upon the grey matter of the cord, point by point and element by element. I have proposed to give the periphero-spinal paralysis *détaillée* the name of *projection paralysis*. But the same is not true of the relations between the elements of the cord and those of the cortex. The number of conductive fibres would no longer be sufficient to give a second projection of the periphery upon the cortex. We must suppose that the fibres running from the cord to the cortex no longer each represent a single element of the periphery but rather a group of them, and even, on the other hand, that one element of the periphery may correspond to several spino-cortical conductive fibres. The fact is that there is a change in arrangement at the connecting point between the two sections of the motor system. I argue, therefore, that the reproduction of the periphery in the cortex is no longer a faithful reproduction point by point, that it is no longer a true projection. It is a relation by means of what may be termed representative fibres, and for cerebral paralysis I propose the name of *representation paralysis*.[1]

[1] [Cf. Freud, 1891*b*, 52; English translation, 1953, 50–1.]

When projection paralysis is total and very extensive, it too, of course, is paralysis *en masse* and its main distinctive characteristic is obliterated. On the other hand, cortical paralysis, which is distinguished among cerebral paralyses by its greater tendency to dissociation, nevertheless always presents the character of a representation paralysis.

The other differences between projection and representation paralyses are well known. I may instance among them the normal nutrition and the integrity of the electrical reactions [of the parts affected] which are associated with the latter. Although they are very important clinically, these signs do not possess the theoretical importance which is to be attributed to the first differential characteristic that we mentioned: paralysis *detaillée* and paralysis *en masse*.

Hysteria has fairly often been credited with a faculty for *simulating* the most various organic nervous disorders. The question arises whether, more precisely, it simulates the characteristics of the two sorts of organic paralyses, whether there are hysterical projection paralyses and hysterical representation paralyses like those in organic symptomatology. Here a first fact of importance emerges. Hysteria never simulates periphero-spinal or projection paralyses; hysterical paralyses only share the characteristics of organic representation paralyses. This is a most interesting fact, since Bell's palsy, radial paralysis, etc., are among the commonest disorders of the nervous system.

It is desirable to point out here, in order to avoid any confusion, that I am only dealing with *flaccid* hysterical paralyses and not with hysterical contractures. It appears to me impossible to apply the same rules to hysterical paralyses and contractures. It is only of flaccid hysterical paralyses that it can be maintained that they never affect single muscles (except where the muscle concerned is the sole instrument of a function), that they are always paralyses *en masse* and that in this respect they correspond to representation paralyses or organic cerebral paralyses. Furthermore, in the matter of the nutrition of the paralysed parts and their electrical reactions, hysterical paralyses present the same characteristics as organic cerebral paralyses.

If hysterical paralysis is thus associated with cerebral paralysis and in particular with cortical paralysis, which presents a greater aptitude for dissociation, it is no less distinguished from them by important characteristics. In the first place, it is not bound by the rule, which applies regularly to organic cerebral paralyses, that the distal segment is always more affected than the proximal one. In hysteria, the shoulder or the thigh may be

more paralysed than the hand or the foot. Movements may appear in the fingers while the proximal segment is still absolutely inert. There is not the slightest difficulty in artificially producing an isolated paralysis of the thigh, the leg, etc., and clinically one can quite often come across these isolated paralyses, in contradiction to the rules of organic cerebral paralysis.

In this important respect hysterical paralysis is, so to say, intermediate between organic projection paralysis and representation paralysis. If it does not possess all the characteristics of dissociation and isolation proper to the former, it is far from being submitted to the strict laws that govern the latter—cerebral paralysis. Subject to these qualifications, it may be maintained that hysterical paralysis is also a representation paralysis, but with a special kind of representation whose characteristics remain to be discovered.[1]

II

As a step in that direction, I propose to study the other distinguishing characteristics between hysterical paralysis and cortical paralysis, the most perfect type of organic cerebral paralysis. We have already mentioned the first of these characteristics—the fact that hysterical paralysis can be more dissociated, more systematized, than cerebral paralysis. The symptoms of organic paralysis appear piecemeal, as it were, in hysteria. Among the symptoms of common organic hemiplegia (paralysis of the upper and lower limbs and of the lower part of the face) hysteria reproduces only the paralysis of the limbs and even dissociates, quite often and with the greatest ease, paralyses of the arm and of the leg in the form of monoplegias. From the syndrome of organic aphasia it reproduces motor aphasia in

[1] Incidentally I may point out that the property of the neurosis which I have mentioned explains quite simply the important characteristic of hysterical paralysis of the leg to which M. Charcot, following Todd, has drawn attention—namely the fact that the hysteric drags the leg like an inert mass instead of performing a circumduction with the hip as does the ordinary hemiplegic. In organic hemiplegia the proximal portion of the limb is always to some extent exempt; the patient can move his hip and he uses it for the movement of circumduction which brings the leg forward. But in hysteria the proximal portion (the hip) does not enjoy that privilege, the paralysis is as complete in it as in the distal portion, and the leg must consequently be dragged inertly as a whole. [Cf. Charcot (German trans.) 1894, 251–2, quoting Todd, 1856, 21. Freud had indicated this characteristic in his very early paper on a hysterical man (1886*d*), p. 30 above.]

isolation; and—something unheard-of in organic aphasia—it can create total aphasia (motor and sensory) for a particular language without in the slightest interfering with the faculty of understanding and articulating another. (I have observed this in some unpublished cases.)[1] This same power of dissociation is manifested in isolated paralyses of one segment of a limb while other parts of the same limb remain completely unimpaired, or, again, in the total abolition of a function (e.g. in abasia and astasia) while another function performed by the same organs remains intact.[2] This dissociation is all the more striking when the function that is unimpaired is the more complex one. In organic symptomatology, if there is an unequal weakening of several functions, it is always the more complex function, the one that has been more recently acquired, that is most affected as the result of the paralysis.

Furthermore, hysterical paralysis exhibits another characteristic which is, as it were, the hall-mark of the neurosis and which comes as an addition to the first one. Hysteria, as I have heard M. Charcot say, is indeed a disease of excessive manifestations; it tends to produce its symptoms with the greatest possible intensity. This characteristic is shown not only in its paralyses but also in its contractures and anaesthesia. We know to what a degree of distortion hysterical contractures can be carried—a degree almost unequalled in organic symptomatology. We know, too, the frequency in hysteria of absolute, profound anaesthesia, of which organic lesions can reproduce only a feeble sketch. It is the same with paralyses. They are often absolute to the most extreme extent. The aphasic utters not a word, whereas the organic aphasic almost always retains a few words, 'yes' or 'no', a swear-word, etc.; the paralysed arm is completely inert, and so on. This characteristic is too well known to need insisting upon. In contrast to this, we know that in organic paralysis paresis is always commoner than absolute paralysis.

Hysterical paralysis is thus characterized by *precise limitation* and *excessive intensity*; it possesses both these qualities at once, and it is in this that it shows the greatest contrast to organic cerebral paralysis, in which it is regularly found that *these two characteristics are not associated with each other.* There are monoplegias in organic symptomatology, but they are almost always

[1] [One of these was no doubt Breuer's case of Anna O., which was later to be included in *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 25.]

[2] [This point, like many others in this paper, appears already in the encyclopaedia article on 'Hysteria', 1888*b*, confirming its attribution to Freud (p. 47 above).]

monoplegias *a potiori*[1] and not precisely delimited. If the arm is paralysed as the result of an organic cortical lesion, there is almost always a minor concomitant affection of the face and leg; and if this complication is not apparent at a particular moment, it will certainly have existed at the start of the illness. The truth is that a cortical monoplegia is always a hemiplegia of which one part or another is more or less obliterated but is still recognizable. To go a little further, let us suppose that the paralysis has affected no part other than the arm, that it is a pure cortical monoplegia; the paralysis will then be seen to be of moderate intensity. As soon as this monoplegia increases in intensity and becomes an absolute paralysis, it will lose its character of a pure monoplegia and will be accompanied by motor disorders in the leg or face. *It cannot at the same time become absolute and retain its delimitation.*

This, on the contrary, is what can be achieved quite easily by a hysterical paralysis, as clinical experience shows us daily. For instance, it will affect an arm exclusively and without our finding a trace of it in the leg or face. Moreover, at the arm level it is as severe as a paralysis can be, and there we have a striking difference from an organic paralysis—a difference which gives us decided cause for reflection.

There are, of course, cases of hysterical paralysis in which the intensity is not excessive and in which the dissociation is not in any way remarkable. These can be recognized by other characteristics; but they are cases which do not carry the typical mark of the neurosis, and which, since they can teach us nothing of its nature, are not of any interest from our present point of view.

I will add a few comments which are of secondary importance and are even somewhat outside the limits of our topic.

In the first place I may point out that hysterical paralyses are much more frequently accompanied by disorders of sensibility than are organic paralyses. Such disturbances are in general more profound and more frequent in neuroses than in organic symptomatology. Nothing is commoner than hysterical anaesthesia or analgesia. It will on the other hand be recalled with what tenacity sensibility persists where there is a neural lesion. If a peripheral nerve is severed, the anaesthesia will be less in extent and intensity than would have been expected. If an inflammatory lesion attacks the spinal nerves or the centres in the spinal cord, we always find that motility is the first thing to suffer and that sensibility is spared or merely weakened, for somewhere or other neural elements always persist which have

[1] [I.e. described as such from their dominant feature.]

not been totally destroyed. Where there is a cerebral lesion, we are familiar with the frequency and duration of the motor hemiplegia, while the accompanying hemianaesthesia is indistinct and transitory and is not present in every case. It is only a few quite special localizations of the lesion which can produce an intense and lasting disturbance of sensibility (confluence of sensory pathways), and even this fact is open to doubt.

This behaviour of sensibility, differing in organic lesions and in hysteria, is scarcely explicable at present. We seem to have here a problem whose solution might perhaps throw light on the intimate nature of the phenomena.

Another point which seems to me to deserve mention is that there are certain forms of cerebral paralysis which are not found in hysteria any more than are the periphero-spinal projection paralyses. Such, in the first place, is paralysis of the lower half of the face, the most frequent manifestation of an organic disease of the brain, and (if I may be allowed to pass for a moment to sensory paralyses) homonymous lateral hemianopsia. I am conscious that it is almost risking a wager to assert that such and such a symptom is not found in hysteria, when the researches of M. Charcot and his pupils find in it—one might say every day—fresh symptoms which had not been suspected previously. But I must take things as they are at the moment. The occurrence of hysterical facial paralysis is strongly disputed by M. Charcot, and, even if we believe its partisans, is a phenomenon of great rarity. Hemianopsia has not yet been observed in hysteria, and, I believe, never will be.

How is it, then, that hysterical paralyses, while closely simulating cortical paralyses, diverge from them by the distinctive characteristics which I have tried to enumerate? and what is the general character of the special sort of representation with which they must be associated? The answer to this question would include a large and important part of the theory of the neurosis.

III

There is not the slightest doubt as to the conditions which dominate the symptomatology of cerebral paralysis. They are the facts of anatomy—the construction of the nervous system and the distribution of its vessels—and the relation between these two series of facts and the circumstances of the lesion. We have pointed out that the lesser number of the fibres running from the spinal cord to the cortex in comparison with the number of fibres running from the periphery to the cord is the basis of the difference between projection and representation

paralysis. In the same way every clinical detail of representation paralysis can be explained by some detail of cerebral structure; and, conversely, we can deduce the construction of the brain from the clinical characteristics of the paralyses. I believe there is a complete parallelism between these two series.

Thus, if there is no great facility for dissociation in ordinary cerebral paralysis, that is because the motor fibres run too close together over a long stretch of their intracerebral course for them to be damaged individually. If cortical paralysis shows more tendency to being monoplegic, that is because the diameter of the conducting bundles (brachial, crural, etc.) increases towards the cortex. If paralysis of the hand is the most complete of all the cortical paralyses, that, we believe, is due to the fact that the crossed relation between the cerebral hemisphere and the periphery is more exclusive in the case of the hand than of any other part of the body. If the distal segment of an extremity suffers more from paralysis than the proximal one, we suppose that the representative fibres of the distal segment are far more numerous than those of the proximal one, so that cortical influence becomes more important for the former than it is for the latter. If fairly extensive lesions of the cortex do not succeed in producing pure monoplegias, we infer that the motor centres on the cortex are not sharply separated from one another by neutral territory, or that there are factors operating at a distance (*Fernwirkungen*)[1], which would seem to cancel the effect of a precise separation of the centres.

In the same way, if in organic aphasia there is always a mixture of disturbances of various functions, that is to be explained by the fact that branches of the same artery nourish all the speech centres, or, if the opinion expressed in my critical study of aphasia (Freud, 1891b) is accepted, by the fact that we are dealing not with separate centres but with a continuous area of association. However that may be, an explanation derived from anatomy is always to be found.

The remarkable associations that are so often observed clinically in cortical paralyses (motor aphasia and right hemiplegia, alexia and right hemianopsia) are explained by the propinquity of the damaged centres. Hemianopsia itself, a symptom that is very curious and strange to a non-scientific mind, is only explicable by the crossing of the fibres of the optic nerve at the chiasma; it is a clinical expression of it, just as every detail of the cerebral paralyses is the clinical expression of a fact of anatomy.

Since there can only be a single cerebral anatomy that is true,

[1] [In German in the original.]

and since it finds expression in the clinical characteristics of the cerebral paralyses, it is certainly impossible for that anatomy to be the explanation of the distinctive features of hysterical paralyses. For that reason, we must not draw conclusions on the subject of cerebral anatomy that are based on the symptomatology of those paralyses.

In order to explain this difficult problem we must certainly consider the nature of the lesion concerned. In organic paralyses the *nature* of the lesion plays a secondary part; it is rather the extent and localization of the lesion which, in the given structural conditions of the nervous system, produce the characteristics of organic paralysis which we have indicated. What might be the nature of the lesion in hysterical paralysis, which dominates the situation, without regard to the localization or extent of the lesion or of the anatomy of the nervous system?

We have several times heard from M. Charcot that it is a cortical lesion, but one that is purely dynamic or functional. This is a thesis whose negative aspect we can well understand: it is equivalent to asserting that no appreciable tissue changes will be found *post mortem*. But in its positive aspect its interpretation is far from being unequivocal. What, after all, is a dynamic lesion? I am quite sure that many who read M. Charcot's works believe that a dynamic lesion is indeed a lesion, but one of which no trace is found after death, such as an oedema, an anaemia or an active hyperaemia. These, however, although they may not necessarily persist after death, are true organic lesions even if they are slight and transitory. Paralyses produced by lesions of this order would necessarily share the characteristics of organic paralyses. Neither oedema nor anaemia, any more than haemorrhage or softening, could produce the dissociation and intensity of hysterical paralyses. The only difference would be that paralysis due to oedema, by vascular constriction, etc., would be less lasting than paralysis due to destruction of nervous tissue. They have all the other conditions in common, and the anatomy of the nervous system will determine the properties of the paralysis as much in the case of a transitory anaemia as in that of one that is permanent and final.

These remarks do not seem to me entirely gratuitous. If one reads that 'there must be a hysterical lesion' in such and such a centre, the same centre in which an organic lesion would produce a corresponding organic syndrome, and if one recalls that one is accustomed to localize a hysterical dynamic lesion in the same manner as an organic lesion, one is led to believe that behind the expression 'dynamic lesion' there is hidden the idea

of a lesion like oedema or anaemia, which are in fact transitory organic affections. I, on the contrary, assert that the lesion in hysterical paralyses must be completely independent of the anatomy of the nervous system, since *in its paralyses and other manifestations hysteria behaves as though anatomy did not exist or as though it had no knowledge of it.*[1]

And in fact a good number of the characteristics of hysterical paralyses justify this assertion. Hysteria is ignorant of the distribution of the nerves, and that is why it does not simulate periphero-spinal or projection paralyses. It has no knowledge of the optic chiasma, and consequently it does not produce hemianopsia. It takes the organs in the ordinary, popular sense of the names they bear: the leg is the leg as far up as its insertion into the hip, the arm is the upper limb as it is visible under the clothing. There is no reason for adding paralysis of the face to paralysis of the arm. A hysteric who cannot talk has no motive for forgetting his understanding of speech, since motor aphasia and word deafness are unrelated to each other in the popular mind, and so on. I can only associate myself fully with the views advanced by M. Janet in recent numbers of the *Archives de Neurologie*; they are confirmed as much by hysterical paralyses as by anaesthesia and psychical symptoms.

IV

I will attempt to indicate, finally, what the lesion that is the cause of hysterical paralyses might be like. I do not say that I will show what it *is* like: it is merely a question of indicating a line of thought that might lead to a conception which does not contradict the properties of hysterical paralysis in so far as it differs from organic cerebral paralysis.

I shall take the phrase 'functional or dynamic lesion' in its proper sense of 'alteration in function or dynamics'—alteration of a functional property. Examples of an alteration of this kind would be a diminution in excitability or in a physiological quality which normally remains constant or varies within fixed limits.

But, it will be objected, functional alteration is not a different thing from organic alteration, it is merely another side of it. Let us suppose that nervous tissue is in a state of transitory anaemia; then its excitability will be diminished by this circumstance. It is impossible by this expedient to avoid taking organic lesions into account.

[1] [A phrase very similar indeed to this will be found in the encyclopaedia article 'Hysteria' (1888*b*), p. 49 above.]

I will try to show that there *can* be a functional alteration without a concomitant organic lesion—or at least without one that is grossly palpable even by the most delicate analysis. In other terms, I will give a suitable example of an alteration of a primitive function, and for that purpose I only ask permission to move on to psychological ground which can scarcely be avoided in dealing with hysteria.

I follow M. Janet in saying that what is in question in hysterical paralysis, just as in anaesthesia, etc., is the everyday, popular conception[1] of the organs and of the body in general. That conception is not founded on a deep knowledge of neuro-anatomy but on our tactile and above all our visual perceptions. If it is what determines the characteristics of hysterical paralysis, the latter must naturally show itself ignorant and independent of any notion of the anatomy of the nervous system. The lesion in hysterical paralysis will therefore be an alteration of the *conception*, the *idea*, of the arm, for instance. But what kind of alteration must this be in order to produce paralysis?

Considered psychologically, the paralysis of the arm consists in the fact that the conception of the arm cannot enter into association with the other ideas constituting the ego of which the subject's body forms an important part. The lesion would therefore be *the abolition of the associative accessibility of the conception of the arm*. The arm behaves as though it did not exist for the play of associations. There is no doubt that if the material conditions corresponding to the conception of the arm are profoundly altered, the conception will also be lost. But I have to show that it can be inaccessible without being destroyed and without its material substratum (the nervous tissue of the corresponding region of the cortex) being damaged.

I will begin with some examples drawn from social life. A comic story is told of a loyal subject who would not wash his hand because his sovereign had touched it. The relation of this hand to the idea of the king seemed so important to the man's psychical life that he refused to let the hand enter into any other relation. We are obeying the same impulse when we break the glass in which we have drunk the health of a young married couple. Savage tribes in antiquity, who burnt their dead chief's horse, his weapons and even his wives along with his dead body, were obeying this idea that no one should ever touch them after him. The force of all these actions is clear. The quota of affect[2] which we attribute to the first association of an object has a re-

[1] ['*Conception*' in French. No doubt the German word Freud had in mind was '*Vorstellung*', which is usually translated 'idea' in this edition.]
[2] ['*Valeur affective*.' See footnote 5 below, p. 171.]

pugnance to letting it enter into a new association with another object and consequently makes the idea of the [first] object inaccessible to association.[1]

It is not a mere comparison, it is almost the identical thing, when we move into the sphere of the psychology of conceptions. If the conception of the arm is involved in an association with a large quota of affect, it will be inaccessible to the free play of other associations. *The arm will be paralysed in proportion to the persistence of this quota of affect or to its diminution by appropriate psychical means.* This is the solution of the problem we have raised, for, in every case of hysterical paralysis, we find that *the paralysed organ or the lost function is involved in a subconscious*[2] *association which is provided with a large quota of affect and it can be shown that the arm is liberated as soon as this quota is wiped out.* Accordingly, the conception of the arm exists in the material substratum, but it is not accessible to conscious associations and impulses because the whole of its associative affinity, so to say, is saturated in a subconscious association with the memory of the event, the trauma, which produced the paralysis.[3]

M. Charcot was the first to teach us that to explain the hysterical neurosis we must apply to psychology. Breuer and I have followed his example in a preliminary communication (1893*a*) 'On the Psychical Mechanism of Hysterical Phenomena'. We show in that paper that the permanent symptoms of hysteria which are described as 'non-traumatic' are explained (apart from the stigmata[4]) by the same mechanism which Charcot recognized in traumatic paralyses. But we also give the reason for the persistence of these symptoms and show why they can be cured by a special procedure of hypnotic psychotherapy. Every event, every psychical impression is provided with a certain quota of affect (*Affektbetrag*)[5] of which the ego divests itself

[1] [Freud made use of this fact in explaining a point in the theory of dream-formation. See Chapter VII (C) of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 563.]

[2] [One of the very few occurrences of the word (and perhaps the earliest) in Freud's writings. See a note on its use in *Studies on Hysteria*, (1895*d*), *Standard Ed.*, **2**, 45.]

[3] [In his case history of Frau Emmy von N., Freud quotes her symptom of anorexia in support of the present theory. See ibid., **2**, 88 [illegible]]

[4] [Cf. an Editor's footnote on these in 'The Aetiology of Hysteria' (1896*c*), *Standard Ed.*, **3**, 192-3.]

[5] [In German in the original. Cf. a discussion of this in an Editor's Appendix to Freud's first paper on the neuro-psychoses of defence (1894*a*), *Standard Ed.*, **3**, 66 ff. Breuer uses the term '*Affektwert*', a more literal equivalent of the French '*valeur affective*'. Cf. *Studies on Hysteria*, *Standard Ed.*, **2**, 213 *n*.]

either by means of a motor reaction or by associative psychical activity. If the subject is unable or unwilling to get rid of this surplus, the memory of the impression attains the importance of a trauma and becomes the cause of permanent hysterical symptoms. The impossibility of elimination becomes evident when the impression remains in the subconscious. We have called this theory '*Das Abreagieren der Reizzuwächse*'.[1]

To sum up, I think that it is in complete agreement with our general view of hysteria, as we have been able to shape it under M. Charcot's instruction, to suppose that the lesion in hysterical paralyses consists in nothing other than the inaccessibility of the organ or function concerned to the associations of the conscious ego; that this purely functional alteration (even the conception remaining unimpaired) is caused by the fixation[2] of this conception in a subconscious association with the memory of the trauma; and that this conception does not become liberated and accessible so long as the quota of affect of the psychical trauma has not been eliminated by an adequate motor reaction or by conscious psychical activity. But even if this mechanism does not occur, if a direct autosuggestive idea is always necessary for hysterical paralysis, as it is in M. Charcot's traumatic cases, we have succeeded in showing what the nature of the lesion, or rather of the alteration, in hysterical paralysis *would have* to be in order to explain the differences between it and organic cerebral paralysis.

[1] [In German in the original. 'The Abreaction of Accretions of Stimulus.' The phrase seems scarcely to appear elsewhere, apart from an occurrence in the report of the lecture on 'The Psychical Mechanism of Hysterical Phenomena' (1893h), *Standard Ed.*, 3, 37. The term '*Erregungszuwachs*' ('accretion of excitation') occurs in a footnote by Freud added to his translation of Charcot's *Leçons du mardi* ('*Poliklinische Vorträge*', 1, 107; Freud, 1892–94, p. 137 above), in Sketch C for the 'Preliminary Communication' (p. 154) and in Draft E in the Fliess papers (p. 192). Breuer also uses it twice in his theoretical contribution to *Studies on Hysteria* (1895d), *Standard Ed.*, 2, 200.]

[2] [See footnote, p. 125 above.]

EXTRACTS FROM THE FLIESS PAPERS

(1950 [1892-1899])

Sigmund Freud and Wilhelm Fliess in the early Nineties

EDITOR'S NOTE

(*a*) German Edition:

1950 In *Aus den Anfängen der Psychoanalyse*, edited by Marie Bonaparte, Anna Freud and Ernst Kris. London: Imago Publishing Co.

(*b*) English Translation:

1954 In *The Origins of Psycho-Analysis*, edited as above. London: Imago Publishing Co.; New York. Basic Books. (Tr. Eric Mosbacher and James Strachey.)

The present translation, based on that of 1954, has been entirely revised.

The history of Freud's relations with Wilhelm Fliess (1858–1928) is fully narrated in Chapter XIII of the first volume of Ernest Jones's biography of Freud (1953, and in Ernst Kris's introduction to the books in the bibliography above. Here it is only necessary to explain that Fliess, a man two years younger than Freud, was a nose and throat specialist living in Berlin with whom Freud carried on a voluminous and intimate correspondence between 1887 and 1902. Fliess was a man of great ability, with very wide interests in general biology; but he pursued theories in that field which are regarded to-day as eccentric and quite untenable. He was, however, more accessible to Freud's ideas than any other contemporary. Freud accordingly communicated his thoughts to him with the utmost freedom and did so not only in his letters but in a series of papers ('Drafts' as they are called here, which presented organized accounts of his developing views and are in some cases first sketches of his later published works. The most important of these papers is the long one—some forty thousand words—to which we have given the title of *Project for a Scientific Psychology*. But the whole series, written as they were during the formative years of Freud's psycho-analytic theories culminating in *The Interpretation of Dreams*, deserve the closest study.

These papers, and even the fact of their existence, were totally unknown until the time of the Second World War.[1] The

[1] Fliess's side of the correspondence has not survived, having no doubt been destroyed long since.

melodramatic story of their discovery and rescue is also told by Ernest Jones in the same chapter of his biography. Our principal debt over the whole business is to Princess Marie Bonaparte (Princess George of Greece), who not only acquired the papers in the first instance but had the remarkable courage to defy the efforts to destroy them made by their author and her teacher.

Only a selection from these papers have hitherto been published (in the volumes named at the head of this note). And for the *Standard Edition* we have made a further selection from that selection. We have chosen (*a*) the *Project for a Scientific Psychology*, (*b*) all but one of the 'Drafts', and (*c*) such portions of the letters as seem to have a significant bearing on the history of psycho-analysis and the development of Freud's views. The reader will do well to bear in mind that the material in these drafts and letters was not intended by their author as the considered expression of his opinions, and that it is often framed in a highly condensed form. Surprise need not therefore be felt at the occasional presence of inconsistencies and obscurities.

The present translation is based on the German version printed in the *Anfänge*. It has, however, been compared with the original manuscript, and, where there are significant deviations, these have been corrected, always with an explanatory note. The lettering and numbering of the drafts and letters in the *Anfänge* and *Origins* have been retained for simplicity of reference. We have followed the editors of the *Anfänge* (for reasons explained below, p. 219) in detaching the *Project* from the rest of the correspondence and printing it at the end of the volume.

EXTRACTS FROM THE FLIESS PAPERS

DRAFT A[1]

Problems

(1) Is the anxiety of anxiety neuroses derived from the inhibition of the sexual function or from the anxiety linked with their aetiology?

(2) To what extent does a healthy person respond to later sexual traumas differently from someone with a disposition due to masturbation? Only quantitatively? or qualitatively?

(3) Is *simple* coitus reservatus (condom) a noxa at all?[2]

(4) Is there an innate neurasthenia with innate sexual weakness or is it always acquired in youth? (From nurses, from being masturbated by someone else.)

(5) Is heredity anything other than a multiplier?[3]

(6) What plays a part in the aetiology of periodic depression?

(7) Is sexual anaesthesia in women anything other than a result of impotence? Can it of itself cause neuroses?

[1] [Undated. The editors of the *Anfänge*, 74 *n.*, suggest that it was written towards the end of 1892. At all events, it deals with much the same topics as Draft B, of which the date is fixed as February 8, 1893. All these early Drafts, up to and including Draft E, are mainly concerned with anxiety neurosis and neurasthenia, questions which were brought to a head in the first paper on anxiety neurosis (1895*b*), published on January 15, 1895. This manuscript is almost unique in being written, for some unknown reason, in Roman script instead of Freud's usual Gothic. In a letter to Ernest Jones of November 20, 1926, Freud wrote: 'You will be astonished when I disclose what it is that hinders my correspondence with you. It is a classic example of the petty restrictions to which our nature is subject. It is that I find it very hard to write German in Roman characters, as I am now doing. All fluency —inspiration one would say on a higher plane—at once leaves me. You have often told me that you cannot read Gothic handwriting.' (Jones, 1957, 138.)]

[2] [Freud seems to be asking whether coitus reservatus is a noxa when there is no previous history of masturbation. He replies to this question in the affirmative in Draft B, p. 181 below.]

[3] [This analogy from an electric circuit appears (among other places) in the second paper on anxiety neurosis (1895*f*), *Standard Ed.*, **3**, 139 and *n.* 2.]

Theses

(1) No neurasthenia or analogous neurosis exists without a disturbance of the sexual function.

(2) This either has an immediate causal effect or acts as a disposition for other factors, but always in such a way that without it the other factors cannot bring about neurasthenia.

(3) Neurasthenia in men, on account of its aetiology, is accompanied by relative impotence.

(4) Neurasthenia in women is a direct consequence of neurasthenia in men, through the agency of this reduction in their potency.

(5) Periodic depression is a form of anxiety neurosis, which, apart from this, is manifested in phobias and anxiety attacks.

(6) Anxiety neurosis is in part a consequence of inhibition of the sexual function.

(7) Simple excess and overwork are not aetiological factors.[1]

(8) Hysteria in neurasthenic neuroses indicates suppression of the accompanying affects.

Groups [for Observation]

(1) Men and women who have remained healthy.

(2) Sterile women, where preventive traumas in marriage are absent.

(3) Women infected with gonorrhoea.

(4) Loose-living men who are gonorrhoeal, and who are on that account protected in every respect, being aware of their hypospermia.

(5) Members of severely tainted families who have remained healthy.

(6) Observations from countries in which particular sexual abnormalities are endemic.

Aetiological Factors

(1) Exhaustion owing to abnormal [forms of] satisfaction.

(2) Inhibition of the sexual function.

(3) Affects accompanying these practices.

(4) Sexual traumas before the age of understanding.

[1] [This depreciation of the aetiological importance of overwork occurs repeatedly in Freud's early writings, e.g. in the first paper on anxiety neurosis (1895*b*), *Standard Ed.*, **3**, 105, and in the paper on the sexual aetiology of the neuroses (1898*a*), ibid., **3**, 272. That view was qualified by Freud in his very late 'Analysis Terminable and Interminable' (1937*c*), ibid., **23**, 226, *n*. 2.]

DRAFT B

THE AETIOLOGY OF THE NEUROSES[1]

I am writing the whole thing down a second time, for you, my dear friend, and for the sake of our common labours. You will of course keep the draft away from your young wife.

I. It may be taken as a recognized fact that *neurasthenia* is a frequent consequence of an abnormal sexual life. The assertion, however, which I wish to make and to test by my observations is that neurasthenia is always *only* a sexual neurosis.

I have adopted a similar point of view (along with Breuer) in regard to hysteria. Traumatic hysteria was well known; what we asserted beyond this was that *every* hysteria that is not hereditary is traumatic.[2] In the same way I am now asserting that *every* neurasthenia is sexual.

We will for the moment leave on one side the question of whether hereditary disposition and, secondarily, toxic influences can produce genuine neurasthenia, or whether what appears to be hereditary neurasthenia in fact also goes back to early sexual exhaustion. If there is such a thing as hereditary neurasthenia, the questions arise of whether the *status nervosus* in the hereditary cases should not be distinguished from neurasthenia, what relation at all it has to the corresponding symptoms in childhood, and so on.

In the first instance, therefore, my contention will be restricted to *acquired* neurasthenia. What I am asserting can accordingly be formulated as follows. In the aetiology of a nervous affection we must distinguish (1) the necessary precondition without which the state cannot come about at all, and (2) the precipitating factors. The relation between these two can be pictured thus. If the necessary precondition has operated sufficiently, the affection sets in as an inevitable consequence, if it has not operated sufficiently, the result of its operation is in

[1] [Dated, from the postmark, February 8, 1893. This, as is shown by the introductory sentence, is a fresh version of an earlier paper which has not survived. In an unpublished letter to Fliess of January 5, 1893, Freud remarks: 'I am rewriting the thing on the neuroses.' Here, as quite often at this period, by 'neuroses' Freud meant neurasthenia and anxiety neurosis—the later 'actual neuroses'. (See *Standard Ed.*, **2**, 88 and **3**, 39 and 279 *n*.) The substance of the present draft emerged nearly two years later in the first paper on anxiety neurosis (1895*b*).]

[2] [The Breuer and Freud 'Preliminary Communication' (1893*a*) had been published a month before this.]

the first place a disposition to the affection which ceases to be latent as soon as a sufficient amount of one of the secondary factors supervenes. Thus what is lacking for full effect in the first aetiology can be replaced by the aetiology of the second order. The aetiology of the second order can, however, be dispensed with, while that of the first order is indispensable.[1]

If this aetiological formula is applied to our present case, we arrive at this. Sexual exhaustion can by itself alone provoke neurasthenia. If it fails to achieve this by itself, it has such an effect on the disposition of the nervous system that physical illness, depressive affects and overwork (toxic influences) can no longer be tolerated without [leading to] neurasthenia. Without sexual exhaustion, however, all these factors are incapable of generating neurasthenia. They bring about normal fatigue, normal sorrow, normal physical weakness, but they only continue to give evidence of how much 'of these detrimental influences a normal person can tolerate'.[2]

I will consider neurasthenia in men and in women separately.

Neurasthenia in males is acquired at puberty and becomes manifest in the patient's twenties. Its source is masturbation, the frequency of which runs completely parallel with the frequency of male neurasthenia.[3] One can observe in the circle of one's acquaintances that (at all events in urban populations) those who have been seduced by women at an early age have escaped neurasthenia. When this noxa has operated long and intensely, it turns the person concerned into a sexual neurasthenic, whose potency, too, has been impaired; the intensity of the cause is paralleled by a life long persistence of the condition. Further evidence of the causal connection lies in the fact that a sexual neurasthenic is always a general neurasthenic at the same time.

If the noxa has not been sufficiently intense, it will have (in accordance with the formula given above) an effect on the patient's disposition; so that later, if provoking factors supervene, it will produce neurasthenia, which those factors alone

[1] [This aetiological formula was much elaborated by Freud in his second paper on anxiety neurosis (1895*f*), *Standard Ed.*, **3**, 135 ff.]

[2] [The inverted commas are unexplained.]

[3] [The fullest account of Freud's views on masturbation will be found in his contribution to a discussion on the subject in the Vienna Psycho-Analytical Society (1912*f*). A final comment appears in an entry in a notebook written at the very end of his life, in August, 1938, *Standard Ed.*, **23**, 300. A list of other references is given in the Editor's Note to the discussion of 1912, *Standard Ed.*, **12**, 241 f.]

would not have produced. Intellectual work—cerebral neurasthenia; normal sexual activity – spinal neurasthenia, etc.

In intermediate cases we find the neurasthenia of youth, which typically begins and runs its course accompanied by dyspepsia, etc., and which terminates at marriage.

The second noxa, which affects men at a later age, makes its impact on a nervous system which is either intact or which has been disposed to neurasthenia through masturbation. The question is whether it can lead to detrimental results even in the former case, probably it can. Its effect is manifest in the second case, where it revives the neurasthenia of youth and creates new symptoms. This second noxa is *onanismus conjugalis*—incomplete coition in order to prevent conception. In the case of men all the methods of achieving this seem to fall into line: they operate with varying intensity according to the subject's earlier disposition, but do not actually differ qualitatively. Even normal coition is not tolerated by those with a strong disposition or by chronic neurasthenics; and beyond this, intolerance of the condom, of extra-vaginal coition and of coitus interruptus take their toll. A healthy man will tolerate all of these for quite a long time, but even so not indefinitely. After a certain time he behaves like the disposed subject. His only advantage over the masturbator is the privilege of a longer latency or the fact that on every occasion he needs a provoking cause. Here coitus interruptus proves to be the main noxa and produces its characteristic effect even in non-disposed subjects.

Neurasthenia in females. Normally, girls are sound and not neurasthenic; and this is true as well of young married women, in spite of all the sexual traumas of this period of life. In comparatively rare cases neurasthenia appears in married women and in older unmarried ones in its pure form; it is then to be regarded as having arisen spontaneously and in the same manner [? as in men]. Far more often neurasthenia in a married woman is derived from neurasthenia in a man or is produced simultaneously. In that case there is almost always an admixture of hysteria and we have the common mixed neurosis of women.

The *mixed neurosis* of women is derived from neurasthenia in men in all those not infrequent cases in which the man, being a sexual neurasthenic, suffers from impaired potency. The admixture of hysteria results directly from the *holding-back* of the excitation of the act. The poorer the man's potency, the more the woman's hysteria predominates, so that in reality a sexually

neurasthenic man makes his wife not so much neurasthenic as hysterical.

This neurosis arises, with neurasthenia in males, during the second onset of sexual noxae, which is of far the greater significance for a woman, assuming that she is sound. Thus we come across far more neurotic men during the first decade of puberty and far more neurotic women during the second. In the latter case this is the result of the noxae due to the prevention of conception. It is not easy to arrange them in order and in general none of them should be regarded as entirely innocuous to women; so that even in the most favourable case (a condom) women, being the more exacting partners, will scarcely escape slight neurasthenia. A great deal will obviously depend on the two dispositions: whether (1) she herself was neurasthenic before marriage or whether (2) she was made hystericoneurasthenic during the period of free intercourse [without preventives].

II. *Anxiety neurosis.*[1] Every case of neurasthenia is no doubt marked by a certain lowering of self-confidence, by pessimistic expectation and an inclination to distressing antithetic ideas.[2] But the question is whether the prominent emergence of this factor [anxiety], without the other symptoms being specially developed, should not be detached[3] as an independent 'anxiety neurosis', especially as this is to be met with no less frequently in hysteria than in neurasthenia.

Anxiety neurosis appears in two forms, as a *chronic state* and as an *attack of anxiety*. The two may readily be combined; and an anxiety attack never occurs without chronic symptoms. Anxiety attacks are commoner in the forms connected with hysteria—more frequent, therefore, in women. The chronic symptoms are commoner in neurasthenic men.

The chronic symptoms are, (1) anxiety relating to the body (hypochondria), (2) anxiety relating to the functioning of the body (agoraphobia, claustrophobia, giddiness on heights); (3) anxiety relating to decisions and memory (*folie du doute*,

[1] [This seems to be the first datable use of the term, but it had already appeared in Draft A, p. 177 above. Some remarks on the word's history are given in *Standard Ed.*, **3**, 91 *n.*]

[2] [These were discussed by Freud in 'A Case of Successful Treatment by Hypnotism' (1892–3), published just before this was written (p. 121 ff. above).]

[3] [This word ('*abtrennen*' in the original) appears in the full title of the first paper on anxiety neurosis (1895*b*). Much of the symptomatology of the neurosis in that paper is already in this draft. But the underlying theory only emerges in Draft E, p. 189 ff. below.]

obsessive brooding, etc.). So far, I have found no occasion for not treating these symptoms as equivalent. Again, the question is (1) to what extent this condition emerges in hereditary cases, without any sexual noxa, (2) whether it is released in hereditary cases by any chance sexual noxa, (3) whether it supervenes as an intensification in common neurasthenia. There is no question but that it is acquired, and specially by men and women in marriage, during the second period of sexual noxae, through coitus interruptus. I do not believe that disposition owing to earlier neurasthenia is necessary for this; but where disposition is lacking, latency is longer. The causal formula is the same as in neurasthenia [p. 180].

The rarer cases of anxiety neurosis outside marriage are met with especially in men. They turn out to be cases of congressus interruptus in which the man is strongly involved psychically with women whose well-being is a matter of concern to him. This procedure in these conditions is a greater noxa for a man than coitus interruptus in marriage, for this is often corrected, as it were, by normal coitus outside marriage.

I must look upon *periodic depression*, an attack of anxiety lasting for weeks or months, as a third form of anxiety neurosis. This, in contrast to melancholia proper, almost always has an apparently rational connection with a psychical trauma. The latter is, however, only the provoking cause. Moreover, this periodic depression is without psychical [sexual] anaesthesia, which is characteristic of melancholia [p. 200 below].

I have been able to trace back a number of such cases to coitus interruptus, their onset was a late one, during marriage, after the birth of the last child. In a case of tormenting hypochondria which began at puberty, I was able to prove an assault in the eighth year of life. Another case from childhood turned out to be a hysterical reaction to a masturbatory assault. Thus I cannot tell whether we have here truly hereditary forms without a sexual cause; and on the other hand I cannot tell whether coitus interruptus alone is to be blamed here, whether hereditary disposition can always be dispensed with.

I will omit occupational neuroses, since, as I have told you, changes in the muscular parts have been demonstrated in them.

Conclusions

It follows from what I have said that neuroses are entirely preventible as well as entirely incurable. The physician's task is wholly shifted on to prophylaxis.

The first part of this task, the prevention of the sexual noxa of the first period, coincides with prophylaxis against syphilis and gonorrhoea, since they are the noxae which threaten anyone who gives up masturbation. The only alternative would be free sexual intercourse between young men and respectable girls; but this could only be adopted if there were innocuous methods of preventing conception. Otherwise, the alternatives are: masturbation, neurasthenia in the male, hystero-neurasthenia in the female, or syphilis in the male, syphilis in the next generation, gonorrhoea in the male, gonorrhoea and sterility in the female.

The same problem—an innocuous means of controlling conception—is set by the sexual trauma of the second period; since the condom provides neither a safe solution nor one acceptable to someone who is already neurasthenic.[1]

In the absence of such a solution, society appears doomed to fall a victim to incurable neuroses, which reduce the enjoyment of life to a minimum, destroy the marriage relation and bring hereditary ruin on the whole coming generation. The lower strata of society know nothing of Malthusianism, but they are in full pursuit, and in the course of things will reach the same point and fall victim to the same fatality.

Thus the physician is faced by a problem whose solution is worthy of all his efforts.[2]

. . . .

LETTER 14[3]

. . . Things become more and more complicated as confirmation comes in. Yesterday, for instance, I saw four new cases whose aetiology, as shown by the chronological data, could only be coitus interruptus. It may perhaps amuse you if I give a short account of them. They are far from being uniform.

(1) Woman, aged 41; children, 16, 14, 11 and 7. Nervous trouble for the last 12 years, well during pregnancy; recurrence afterwards, not made worse by the last pregnancy. Attacks of giddiness with feeling of weakness, agoraphobia, *anxious* ex-

[1] [Freud often expressed this view later. See, for instance, his paper on the sexual aetiology of the neuroses (1898*a*), *Standard Ed.*, **3**, 277.]

[2] [Draft C (undated), which follows this one in the *Anfänge*, is in fact a letter, dealing in the main with a paper by Fliess. It is omitted here.]

[3] [Dated Vienna, October 6, 1893.]

pectation, no trace of neurasthenia, little hysteria. Aetiology confirmed: simple [anxiety neurosis].

(2) Woman, aged 24; children, 4 and 2. Since the spring of '93 attacks of pain at night (from back to sternum) with insomnia; otherwise nothing; well during the day. Husband a commercial traveller; was at home for some time during the spring and just now. In the summer, while the husband was away, she was perfectly well. Coitus interruptus and great fear of having children. Hysteria, therefore.

(3) Man, aged 42, children, 17, 16 and 13. Well till six years ago. Then, on his father's death, sudden attack of anxiety with heart-failure, hypochondriacal fears of cancer of the tongue; several months later a second attack, with cyanosis, intermittent pulse, fear of death, etc.; since then weakness, vertigo, agoraphobia, some dyspepsia. This is a case of pure anxiety neurosis accompanied by heart symptoms, after emotion; whereas coitus interruptus was apparently tolerated easily for ten years.[1]

(4) Man, aged 34. Loss of appetite for the last three years; dyspepsia for the last year, with loss of 20 kilos [44 lbs.], constipation. When these ceased, violent intracranial pressure when a scirocco was blowing;[2] attacks of weakness with associated sensations, hysteriform clonic spasms. In this case, therefore, neurasthenia predominates. One child, aged 5. Since then coitus interruptus owing to wife's illness. At about the same time as his recovery from dyspepsia, normal intercourse was resumed.

In view of these reactions to the same noxa, it calls for courage to insist on the specific nature, in my sense, of its effects. And yet it must be so; and there are certain points to go upon even in these four cases (simple anxiety neurosis—simple hysteria—anxiety neurosis with heart symptoms—neurasthenia with hysteria).

In (1), a very intelligent woman, there was no fear of having children; she has a simple anxiety neurosis.

In (2), a nice, stupid young woman, the anxiety was highly developed; after a short while she had hysteria for the first time.

Case (3), with anxiety neurosis[3] and heart symptoms, was a very potent man, who was a great smoker.

[1] [This case was discussed by Freud, with some further details, in his first and second papers on anxiety neurosis (1895*b* and 1895*f*), *Standard Ed.*, 3, 105 and 127-8.]

[2] [Cf. Draft I, p. 214 below.]

[3] ['Neurosis' is omitted in *Anfänge*, 89.]

Case (4), on the contrary, was (without having masturbated) only moderately potent   frigid.

. . . .

DRAFT D[1]

ON THE AETIOLOGY AND THEORY OF THE MAJOR NEUROSES

I. Classification

Introduction. Historical. Gradual differentiation of the neuroses. The course of development of my own views.

A. *Morphology of the Neuroses.*

(1) Neurasthenia and the pseudo-neurasthenias.
(2) Anxiety neurosis.
(3) Obsessional neurosis.
(4) Hysteria.
(5) Melancholia, Mania.
(6) The mixed neuroses.
(7) Ramifications of the neuroses and transitions to the normal.

B. *Aetiology of the Neuroses* (provisionally restricted to the acquired neuroses).

(1) Aetiology of neurasthenia   Type of congenital neurasthenia.
(2) Aetiology of anxiety neurosis.
(3) of obsessional neurosis and hysteria.
(4) of melancholia.
(5) of the mixed neuroses.
(6) The basic aetiological formula [p. 180 above].—The thesis of specificity [of aetiology]; the analysis of the medley of neuroses.
(7) The sexual factors in their aetiological significance.
(8) Examination of patients.
(9) Objections and proofs.
(10) *Behaviour of asexual people.*

[1] [Undated. Assigned provisionally by the editors of *Anf.* to a date shortly previous to that of Letter 18, of May 21, 1894, where it is perhaps alluded to (in a passage not printed here). This appears to be the skeleton outline of a book that was never written.]

C. *Aetiology and Heredity.*

The hereditary types. Relation of aetiology to degeneracy, to the psychoses and to disposition.

II. Theory

D. *Points of Contact with the Theory of Constancy.*[1]

Internal and external increase of stimulus; constant and ephemeral excitation. Summation a characteristic of internal excitation.[2]—Specific reaction.[3] Formulation and exposition of the theory of constancy. Intercalation of the ego, with storing-up of excitation.[4]

E. *The Sexual Process in the Light of the Theory of Constancy.*

Path taken by the excitation in the male and the female sexual process. Path taken by the excitation in the presence of aetiologically operative sexual noxae.—*Theory of a sexual substance.*[5] The sexual schematic diagram.[6]

F. *Mechanism of the Neuroses.*

The neuroses as disturbances of equilibrium owing to increased difficulty in discharge. Attempts at adjustment, limited in their efficiency. Mechanism of the different neuroses in relation to their sexual aetiology.—Affects and neuroses.

G. *Parallel between the neuroses of sexuality and hunger.*

H. *Summary of the theory of constancy and the theory of sexuality and the neuroses.*

Place of the neuroses in pathology; factors to which they are subject; laws governing their combination.—Psychical inadequacy, development, degeneracy, etc.

[1] [Cf. *Project*, Part I, Section 1 (p. 296 below).]
[2] [Cf. ibid., Section 10 (p. 316 below).]
[3] [Cf. ibid., Section 1 (p. 297 below).]
[4] [Cf. ibid., Section 14 (p. 323 below).]
[5] [This is an early allusion to Freud's theory of the chemical basis of sexuality. The whole question was very closely associated with Fliess in Freud's mind, as is shown by many passages in these letters. See a footnote to the *Project*, p. 321 below.]
[6] [This appears below, on p. 202, and the other contents of this paragraph are also elaborated in Draft G.]

LETTER 18[1]

. . . There are still a hundred gaps, large and small, in my ideas about the neuroses; but I am getting closer to a comprehensive view and to some general lines of approach. I know three mechanisms: transformation of affect (conversion hysteria), displacement of affect (obsessions) and (3) exchange of affect (anxiety neurosis and melancholia). In every case what seems to undergo these alterations is sexual excitation, but the impetus to them is not in every case something sexual. That is to say, in every case in which neuroses are acquired, they are acquired owing to disturbances of sexual life; but there are people in whom the behaviour of their sexual affects is disturbed hereditarily, and they develop the corresponding forms of hereditary neuroses. The most general aspects from which I can classify the neuroses are the four following:

(1) Degeneracy.
(2) Senility. And what does that mean?
(3) Conflict.
(4) Conflagration.

Degeneracy means the innately abnormal behaviour of the sexual affects; so that the processes of conversion, displacement and transformation into anxiety occur in proportion as the sexual affects play a part in the course of life.

Senility is clear. It is, as it were, a degeneracy normally acquired in old age.[2]

Conflict coincides with my conception of defence [fending off]; it comprises the cases of acquired neurosis in people who are not hereditarily abnormal. What is fended off is always sexuality.

Conflagration is a new conception. It means what may be called acute degeneration (e.g. in severe intoxications, in fevers, in the preliminary stage of general paralysis)—catastrophes, that is to say, in which there are disturbances of the sexual affects without sexual precipitating causes. Perhaps traumatic neuroses might be approached from this point.[3]

The core and mainstay of the whole business remains, of course, the fact that, as a result of particular sexual noxae, even healthy people can acquire the different forms of neurosis.

[1] [Dated Vienna, May 21, 1894. This was written half-way through the publication of the first paper on 'The Neuro-Psychoses of Defence' (1894*a*).]

[2] [Senescence is referred to in the first paper on anxiety neurosis (1895*b*), *Standard Ed.*, 3, 101-2 and 110.]

[3] [Conflagration seems never to be mentioned again.]

The bridge to a wider view is afforded by the fact that, where a neurosis develops without a sexual noxa, a similar disturbance of the sexual affects can be shown to have been present from the first. 'Sexual affect' is, of course, taken in the broadest sense, as an excitation of definite quantity.[1]

I might bring you my latest example in support of this thesis:

A man, aged 42, strong and handsome, suddenly developed a neurasthenic dyspepsia at the age of 30 with a loss of 25 kilos [55 lbs.], and since then has lived in a reduced and neurasthenic state. At the time at which this occurred, incidentally, he was engaged to be married and was emotionally disturbed by his fiancée's illness. Apart from this, however, there were no sexual noxae. He masturbated, perhaps only for a year, from 16 to 17; from 17 onwards he had normal intercourse, scarcely ever coitus interruptus; no excesses, no abstinence. He himself attributes the cause to the strain he put on his constitution till the age of 30: to his having worked, drunk and smoked a great deal and led an irregular life. But this strong man, subjected to [only] stock noxae, was *never* (never from 17 to 30) properly potent: he could never carry out coitus more than once at a time; he always emitted hurriedly, never made full use of his [initial] successes with women, never found his way into the vagina quickly. What was the origin of this limitation? I cannot tell. But it is remarkable that it was present precisely in him. By the way, I have treated two of his sisters for neuroses; one of them is among my most successful cures of neurasthenic dyspepsia.

. . . .

DRAFT E[2]

HOW ANXIETY ORIGINATES

With an unerring hand you have raised the question at the point which I feel is the weak one. All I know about it is this:

It quickly became clear to me that the anxiety of my neurotic

[1] [The concept of 'quantity' is given lengthy discussion in the *Project*, p. 295 below.]

[2] [Undated. The editors of *Anf.* assign it to June, 1894, but without much conviction. It must in any case have been written not long before the first paper on anxiety neurosis (1895*b*), which was published on January 15, 1895, and of which it is a fairly complete preliminary sketch.—The present draft and several of the writings which follow are largely concerned with Freud's theory of the transformation of accumulated sexual tension into anxiety, and with his explanation that this is due to a failure in the discharge of the tension along *psychical* paths.]

patients had a great deal to do with sexuality; and in particular it struck me with what certainty coitus interruptus practised on a woman leads to anxiety neurosis. I then began by following various false scents. I thought that the anxiety from which the patients suffer should be looked on as a continuation of the anxiety felt during the sexual act—that is to say, that it was in reality a *hysterical* symptom. Indeed, the connections between anxiety neurosis and hysteria are obvious enough. Two things might give rise to the feeling of anxiety in coitus interruptus: in the woman, a fear of becoming pregnant, in the man worry that his [preventive] device might fail. I then convinced myself from a number of cases that anxiety neurosis also appeared where there was no question of these two factors, where it was basically of no importance to the people concerned whether they had a baby. Thus the anxiety of anxiety neurosis was not a continued, recollected, *hysterical* one.[1]

A second extremely important point became established for me from the following observation. Anxiety neurosis affects women who are anaesthetic in coitus just as much as sensitive ones. This is most remarkable, but it can only mean that the source of the anxiety is not to be looked for in the psychical sphere. It must accordingly lie in the physical sphere: it is a physical factor in sexual life that produces anxiety. But what factor?

With this aim in view, I brought together the cases in which I found anxiety arising from a sexual cause. They seemed at first to be quite heterogeneous:

(1) Anxiety in *virginal* people (sexual observations and information, foreshadowings of sexual life); confirmed by numerous instances of both sexes, predominantly female. Not infrequently there is a hint at an intermediate link—a sensation like an erection arising in the genitals.

(2) Anxiety in *intentionally abstinent* people, *prudes* (a type of neuropath), men and women characterized by pedantry and a feeling for cleanliness, who regard everything sexual as horrible. The same people tend to work their anxiety over into phobias, obsessional actions, *folie du doute*.[2]

(3) Anxiety of *necessarily abstinent* people, women who are

[1] [The MS. reads: '*Also eine fortgesetzte, erinnerte, hysterische Angst war die der Angstneurose nicht.*' *Anf.*, 99, omits '*der*', giving the sense: 'Thus anxiety neurosis was not a . . . hysterical anxiety.']

[2] [The connection between cleanliness, pedantry and obsessions was to be greatly emphasized and expanded later. Cf. 'Character and Anal Erotism' (1908*b*).]

neglected by their husbands or are not satisfied on account of lack of potency. This form of anxiety neurosis can certainly be acquired, and, owing to subsidiary circumstances, is often combined with neurasthenia.

(4) Anxiety of women living in *coitus interruptus*, or, what is similar, of women whose husbands suffer from ejaculatio praecox—of people, therefore, in whom physical stimulation is not satisfied.

(5) Anxiety of men practising *coitus interruptus*, even more of men who excite themselves in various ways and do not employ their erection for coitus.

(6) Anxiety of men *who go beyond their desire or strength*, older people whose potency is diminishing,[1] but who nevertheless forcibly bring about coitus.

(7) Anxiety of men who abstain on occasion: of youngish men who have married older women, by whom they are in fact disgusted, or of *neurasthenics* who have been diverted from masturbation by intellectual occupation without making up for it by coitus, or of men whose potency is beginning to grow weak and who abstain in marriage on account of sensations *post coitum* [cf. p. 199, *n.* 1].

In the remaining cases the connection between the anxiety and sexual life was not obvious. (It could be established theoretically.)

How are all these separate cases to be brought together? What recurs in them most frequently is abstinence. Taught by the fact that even anaesthetic women are subject to anxiety after coitus interruptus, one is inclined to say that it is a question of a physical accumulation of excitation—that is, *an accumulation of physical sexual tension*. The accumulation is the consequence of discharge being prevented. Thus anxiety neurosis is a neurosis of damming-up, like hysteria, hence their similarity. And since no anxiety at all is contained in what is accumulated, the position is expressed by saying that *anxiety* has arisen by *transformation* out of the accumulated sexual tension.[2]

Some knowledge arrived at simultaneously about the

[1] [The MS reads '*ältere Leute, deren Potenz nachlässt*'. This clause is omitted in *Anf.*, 100.]

[2] [The word '*sexualen*' is omitted from the end of this sentence in *Anf.*, 100. This was the view of the origin of anxiety, perhaps first stated here, which Freud held till very late in life. An account of his changing opinions on the subject will be found in the Editor's Introduction to *Inhibitions, Symptoms and Anxiety* (1926*d*), *Standard Ed.*, **20**, 78 ff.]

mechanism of melancholia may be interpolated here. Quite particularly often melancholics have been *anaesthetic*.[1] They have no need for coitus (and no sensation in connection with it). But they have a great longing for love in its psychical form—one might say, psychical erotic tension. Where this accumulates and remains unsatisfied, melancholia develops. Here, then, we should have the counterpart to anxiety neurosis. Where physical sexual tension accumulates—anxiety neurosis. Where psychical sexual tension accumulates—melancholia.

But why does this transformation into anxiety occur when there is an accumulation? At this point we ought to enter into the normal mechanism for dealing with accumulated tension. What we are concerned with here is the second case—the case of endogenous excitation. Things are simpler in the case of exogenous excitation. The source of excitation is outside and sends into the psyche an accretion of excitation which is dealt with according to its quantity. For that purpose any reaction suffices which diminishes the psychical excitation by the same quantum. [Cf. footnote 1, p. 172.]

But it is otherwise with endogenous tension, the source of which lies in one's own body (hunger, thirst, the sexual instinct). In this case only *specific* reactions are of use[2]—reactions which prevent the further occurrence of the excitation in the end-organs concerned, whether those reactions are attainable with a large or small expenditure [of energy]. Here we may picture the endogenous tension as growing either continuously or discontinuously, but in any case as only being noticed when it has reached a certain *threshold*. It is only above this threshold that it is turned to account *psychically*, that it enters into relation with certain groups of ideas,[3] which thereupon set about producing the specific remedies. Thus physical sexual tension above a certain value arouses psychical libido,[4] which then leads to coitus, etc. If the specific reaction fails to ensue, the physico-psychical tension (the sexual affect) increases immeasurably. It becomes a disturbance, but there is still no ground for its

[1] [This whole question is developed in Draft G, p. 200 ff. below. —Freud often uses the term 'melancholia' where modern psychiatry would speak of 'depression'.]

[2] [Cf. *Project*, Part I, Sections 1 and 11 (pp. 297 and 317 f.).]

[3] [The concept of 'psychical groups' is commented on in an Editor's footnote to the first paper on the neuro-psychoses of defence (1894*a*), *Standard Ed.*, 3, 46.]

[4] [This is possibly Freud's earliest recorded use of the term 'libido'. See an Editor's footnote to the first paper on anxiety neurosis (1895*b*), ibid., 3, 102.]

transformation. In anxiety neurosis, however, such a transformation does occur, and this suggests the idea that there things go wrong in the following way. The physical tension increases, reaches the threshold value at which it can arouse psychical affect; but for some reasons the psychical linkage offered to it remains insufficient: a *sexual affect* cannot be formed, because there is something lacking in the psychical determinants. Accordingly, the physical tension, not being psychically bound, is transformed into anxiety.[1]

If we accept the theory so far, we shall have to insist that in anxiety neurosis there must be a deficit to be noted in sexual affect, in *psychical libido*. And this is confirmed by observation. If this connection is put before women patients, they are always indignant and declare that on the contrary they now have no desire whatever, etc. Men patients often confirm it as an observation that since suffering from anxiety they have felt no sexual desire.

We will now see whether this mechanism agrees with the different cases enumerated above.

(1) *Virginal anxiety*. Here the field of ideas which ought to take up the physical tension is not yet present, or is only insufficiently present; and there is in addition a psychical refusal which is a secondary result of education. This fits in very well.

(2) *Anxiety of prudes*. Here what we have is defence outright psychical rejection, which makes any working-over of the sexual tension impossible. Here too we have the case of the numerous obsessions. This fits in very well.

(3) *Anxiety of necessitated abstinence*. This is essentially the same; for women of this kind mostly create a psychical rejection so as to avoid temptation. Here the rejection is a contingent one, in (2) it is a fundamental matter.

(4) *Anxiety in women from coitus interruptus*. Here the mechanism is simpler. It is a question of endogenous excitation which does not originate [spontaneously] but is induced, but not in an amount sufficient to be able to arouse psychical affect. An

[1] [The word 'physical', in the last sentence, is omitted in *Anf.*, 101.—It seems doubtful whether the term 'bound' (making a first appearance here) is being used in the technical sense in which Freud used it later in the *Project* (e.g. p. 335 below). It is to be noticed that 'libido' is regarded in these early writings as essentially 'psychical'; though it is not yet clear whether that still means the same as 'conscious'. Cf the further development in Draft G below, and some remarks in the Editor's Note to the first paper on anxiety neurosis, *Standard Ed.*, **3**, 88.]

alienation[1] is artificially brought about between the physico-sexual act and its psychical working-over. If afterwards the endogenous tension increases further on its own account, it cannot be worked over and generates anxiety. Here libido can be present, but not at the same time as anxiety.[2] Thus here *psychical rejection* is followed by *psychical alienation*, tension of endogenous origin is followed by induced tension.

(5) *Anxiety in men from coitus interruptus or reservatus.* The case of coitus reservatus is the clearer; coitus interruptus may in part be regarded as subsumed under it. It is a question once again of psychical diversion, for attention is directed to another aim and is kept away from the working over of physical tension. The explanation of coitus interruptus, however, probably stands in need of improvement.

(6) *Anxiety in diminishing potency or insufficient libido.* In so far as this is not the transformation of physical tension into anxiety owing to *senility*, it is to be explained by the fact that insufficient psychical desire can be summoned up for the particular act.

(7) *Anxiety in men from disgust, or in abstinent neurasthenics.* The former calls for no fresh explanation; the latter is perhaps a specially attenuated form of anxiety neurosis, for as a rule this occurs properly only in potent men. It may be that the neurasthenic nervous system cannot tolerate an accumulation of physical tension, since masturbation involves becoming accustomed to frequent and complete absence of tension.

On the whole the agreement is not so bad. Where there is an abundant development of physical sexual tension but this cannot be turned into affect by psychical working-over— because of insufficient development of psychical sexuality or because of the attempted suppression of the latter (defence), or of its falling into decay, or because of habitual alienation between physical and psychical sexuality—the sexual tension is transformed into *anxiety*. Thus a part is played in this by the accumulation of physical tension and the prevention of discharge in the psychical direction.

But why does the transformation take place precisely into anxiety? Anxiety is the sensation of the accumulation of another endogenous stimulus, the stimulus to breathing, a stimulus which is incapable of being worked over psychically apart from this; anxiety might therefore be employed for accumulated

[1] ['*Entfremdung.*' The word is also used in the first paper on anxiety neurosis (1895*b*), *Standard Ed.*, **3**, 110.]

[2] ['*Hier kann Libido enthalten sein, aber nicht gleichzeitig mit Angst.*' This sentence is omitted in *Anf.*, 102.]

physical tension in general. Furthermore, if we examine the symptoms of anxiety neurosis more closely, we find in it the disjointed pieces of a major anxiety attack, viz. simple dyspnoea, simple palpitations, simple feeling of anxiety and a combination of these. Looked at more precisely, these are the paths of innervation which the psycho-sexual tension ordinarily traverses even when it is about to be worked over psychically. The dyspnoea and palpitations belong to coitus;[1] and, while ordinarily they are employed only as subsidiary paths of discharge, here they serve, so to speak, as the only outlets for the excitation. There is a kind of *conversion* in anxiety neurosis just as there is in hysteria (another instance of their similarity [p. 190]); but in hysteria it is *psychical* excitation that takes a wrong path exclusively into the somatic field, whereas here it is a *physical* tension, which cannot enter the psychical field and therefore remains on the physical path. The two are combined extremely often.

That is as far as I have got to-day. The gaps need filling in badly. I think it is incomplete, I lack something; but I believe the foundation is right. Of course it is absolutely unripe for publicity. Suggestions, amplifications, indeed refutations and explanations will be received *most* gratefully.

. . . .

DRAFT F

COLLECTION III[2]

18 Aug. 94.
No. 1.

Anxiety neurosis:
hered. disp.

Herr K., aged 27.

Father treated for senile melancholia; sister, O., good case of complicated anxiety neurosis, thoroughly analysed; all the K.s neurotic and temperamentally gifted. A cousin of Dr. K. in Bordeaux.—In good health till recently; has slept badly for the last 9 months; in February and March woke frequently with night-terrors and palpitations; gradually increasing general excitability, intermission owing to army manœuvres, which

[1] [Cf. some remarks on this in the Editor's Introduction to *Inhibitions, Symptoms and Anxiety*, *Standard Ed.*, 20, 83–4.]

[2] [These two case histories, which are dated August 18 and 20, 1894, were contained in two successive letters. The heading is unexplained.]

did him a great deal of good. Three weeks ago in the evening a sudden attack of anxiety with no content, with a feeling of congestion from his chest up to his head. Interpreted by him to mean that something dreadful was bound to happen; no accompanying oppression and only slight palpitations. Similar attacks afterwards in day-time as well, at his midday meal. Two weeks ago he consulted a doctor; improved on bromide, condition still continues, but sleeps well. In addition during the last two weeks short attacks of deep depression, resembling complete apathy, lasting barely a few minutes. Improved here in R[eichenau]. Besides this, attacks of pressure at the back of the head.

He himself began with volunteering sexual information. A year ago he fell in love with a girl who was a flirt; a great shock when he heard she was engaged to someone else. No longer in love now.—Attaches little importance to it.—He went on: he masturbated between 13 and 16 or 17 (seduced at school) to a moderate extent, he said. Moderate in sexual intercourse; has used a condom for the last 2½ years for fear of infection; often feels limp after it. He described this kind of intercourse as forced. Notices that his libido has greatly diminished during the last year. Was very much excited sexually in his relations with the girl (without touching her, etc.). His first attack at night (February) was two days after coitus; his first anxiety attack was after coitus on the same evening; since then (three weeks) abstinent—a quiet, mild-mannered and in other ways healthy man.

18 Aug. 94.
Discussion of No. 1.

If we attempt to interpret the case of K., one thing in particular strikes us. The man has a hereditary disposition: his father suffers from melancholia, perhaps anxious melancholia; his sister has a typical anxiety neurosis; I am intimately acquainted with it, but otherwise I should certainly have described it as acquired. This gives ground for thought on their heredity. There is probably only a 'disposition' in the K. family (a tendency to fall more and more seriously ill in response to the typical aetiology) and not 'degeneracy'. We may therefore expect that in Herr K.'s case the slight anxiety neurosis developed from a slight aetiology. Where is it to be looked for without prejudice?

It seems to me in the first place that it is a question of an *enfeebled* condition of sexuality. The man's libido has been diminishing for some time; the preparations for using a condom are enough to make him feel that the whole act is something

forced on him and his enjoyment of it something he was persuaded into. This is no doubt the nub of the whole business. After coitus he sometimes feels limp; he notices this, as he says, and then, two days after a coitus or, as the case may be, on the same evening, he has his first attacks of anxiety.

The concurrence of reduced libido and anxiety neurosis fits in with my theory without difficulty. There is a weakness in the psychical mastery of the somatic sexual excitation. This weakness has been present for some time and makes it possible for anxiety to appear if there is an incidental increase in somatic excitation.

How was this psychical enfeeblement acquired? There is not much to be got out of his masturbation in his youth; it would certainly not have had such results, especially as it does not seem to have exceeded the usual amount. His relations with the girl, which excited him very much sensually, seem far better calculated to produce a disturbance in the required direction; in fact the case approaches the conditions in the familiar neuroses of men during long engagements. But above all, it cannot be disputed that the fear of infection and the decision to use a condom laid the foundation for what I have described as the factor of alienation between the somatic and the psychical [p. 194]. The effect would be the same as in the case of coitus interruptus with men. In short, Herr K. brought psychical sexual weakness on himself because he spoilt coitus for himself, and, his physical health and production of sexual stimuli being unimpaired, the situation gave rise to the generation of anxiety. We may add that his readiness to take precautions, instead of finding adequate satisfaction in a secure relationship, points to a sexuality which was from the first of no great strength. The man had a hereditary disposition; the aetiology that can be found in his case, though it is qualitatively important, would be tolerated as harmless by a healthy—that is, by a vigorous—man.

An interesting feature of this case is the appearance of a typically melancholic mood in attacks of short duration. This must be of theoretical importance for anxiety neurosis due to alienation; for the moment I can only make a note of it.

20 Aug. 94.
No. 2.
Herr von F., Budapest, aged 44.

A healthy man physically, he complains that 'he is losing his liveliness and zest, in a way that is not natural in a man of his

age'. This state—in which everything seems indifferent to him, in which he finds his work a burden and feels peevish and limp—is accompanied by severe pressure on the top and also the back of his head. Moreover it is regularly characterized by bad digestion—that is, by disinclination for food and by flatulence and sluggish stools. He also seems to sleep badly.

But the state is evidently intermittent. Each time it lasts for 4 or 5 days and slowly passes off. He notices from the flatulence that the nervous weakness is coming on. There are intervals of from 12 to 14 days, and he may be well for several weeks. Better periods of months' duration have even occurred. He insists that things have been like this for the last 25 years. As so often, one has to start by building up the clinical picture, for he keeps on monotonously repeating his complaints and declares that he has paid no attention to other events. Thus the indeterminate outline of the attacks forms part of the picture, as does their complete irregularity in time. He naturally puts the blame for his state on his digestion. . . .

Organically sound; no serious worries or emotional disturbance. As regards sexuality: masturbated between the ages of 12 and 16; then very regular relations with women; he was not enormously attracted; married for the last 14 years, only 2 children, the last 10 years ago; in the interval and since then, only a condom and no other technique. Potency has decidedly diminished in the last few years. Coitus every 12 to 14 days or so; often, too, with long intervals. Admits that he feels limp and wretched after coitus with a condom; but not immediately afterwards, only two days later—or, as he puts it, he has noticed that two days later he gets digestive trouble. Why does he use a condom? One should not have too many children! ([He has] 2.)

Discussion.

A mild but very characteristic case of periodic depression, melancholia. Symptoms: apathy, inhibition, intracranial pressure, dyspepsia, insomnia—the picture is complete.

There is an unmistakable similarity to neurasthenia, and the aetiology is the same. I have some quite analogous cases: they are masturbators (Herr. A.) and also with a hereditary taint. The von F.s are well known to be psychopathic. Thus the case is one of neurasthenic melancholia; there must be a point of contact here with the theory of neurasthenia.

It is quite possible that the starting-point of a minor melancholia like this may always be an act of coitus: an exaggeration

of the physiological saying 'omne animal post coitum triste'.[1] The time-intervals would fit in. The man is improved by every course of treatment, every absence from home—that is, by every period of relief from coitus. Of course, as he says, he is faithful to his wife. The use of a condom is evidence of weak potency; being something analogous to masturbation, it is a continuous causation of his melancholia.

LETTER 21[2]

. . . I have only collected a few cases this Monday.

No. 3.

Dr. Z., a physician, aged 34. Has suffered for many years from organic sensitivity of the eyes: phospheum [flashes], dazzle, scotomas, etc. This has increased enormously, to the point of preventing him working, in the last four months (since the time of his marriage). *Background:* masturbation since the age of 14, apparently continued up to recent years. Marriage not consummated, much reduced potency; incidentally, divorce proceedings begun.

Clear typical case of hypochondria in a particular organ in a masturbator at periods of sexual excitation. It is interesting that medical education reaches such a shallow depth.

No. 4.

Herr D., nephew of Frau A, who died a hysteric. A highly neurotic family. Aged 28. Has suffered for some weeks from lassitude, intracranial pressure, shaky knees, reduced potency, premature ejaculation, the beginnings of perversion: very young girls excite him more than mature ones.

Alleges that his potency has been capricious from the first; admits masturbation, but not too prolonged; has a period of abstinence behind him now. Before that, anxiety states in the evening.

Has he made a full confession?

. . . .

[1] ['Every animal is sad after copulating.' This quotation has not been traced.]

[2] [Dated Reichenau, August 29, 1894.—It is not clear whether the numbering of these two cases is a continuation of the two in Draft F above.]

DRAFT G[1]

MELANCHOLIA[2]

I

The facts before us seem to be as follows:

(A) There are striking connections between melancholia and [sexual] anaesthesia. This is borne out (1) by the finding that with many melancholics there has been a long previous history of anaesthesia, (2) by the discovery that everything that provokes anaesthesia encourages the generation of melancholia, (3) by the existence of a type of women, very demanding psychically, in whom longing easily changes over into melancholia and who are anaesthetic.

(B) Melancholia is generated as an intensification of neurasthenia through masturbation.

(C) Melancholia appears in typical combination with severe anxiety.

(D) The type and extreme form[3] of melancholia seems to be the periodic or cyclical hereditary form.

II

In order to make anything of this material, we need some fixed points of departure. These seem to be provided by the following considerations:

(*a*) The affect corresponding to melancholia is that of mourning—that is, longing for something lost. Thus in melancholia it must be a question of a loss—a loss in *instinctual* life.

(*b*) The nutritional neurosis parallel to melancholia is anorexia. The famous *anorexia nervosa* of young girls seems to me (on careful observation) to be a melancholia where sexuality is undeveloped. The patient asserted that she had not eaten, simply because she had *no appetite*, and for no other reason. Loss of appetite—in sexual terms, loss of libido.

[1] [Undated. The editors of *Anf.* ascribe it (on the basis of the postmark on an envelope that apparently belongs to it) to January 7, 1895. This would make it later than the first paper on anxiety neurosis (1895*b*), with which it is connected and which was *published* on January 15, 1895.]

[2] [See footnote 1, p. 192 above.]

[3] [The use of extreme forms as the 'type' of a disease was a method derived by Freud from Charcot. See his preface to the translation of Charcot's *Leçons du mardi* (1892–94), p. 134 above.]

It would not be far wrong, therefore, to start from the idea that *melancholia consists in mourning over loss of libido*.

It would remain to be seen whether this formula explains the occurrence and characteristics of melancholic patients. I shall discuss this on the basis of the schematic diagram of sexuality.

III

I shall now discuss, on the basis of the schematic diagram of sexuality [Fig. 1], which I have often used,[1] the conditions under which the psychical sexual group (ps. S.)[2] suffers a loss in the amount of its excitation. Here there are two possible cases: (1) if the production of s. S. (somatic sexual excitation) sinks or ceases, and (2) if the sexual tension is diverted from the ps. S. [psychical sexual group]. The first case, in which the production of s. S. [somatic sexual excitation] ceases, is probably what is characteristic of *common severe* melancholia proper which recurs periodically, or of cyclical melancholia, in which periods of increase and cessation of production alternate. Further, we can assume that excessive masturbation, which according to our theory leads to excessive unloading of E. (the end-organ) and thus to a low level of stimulus in E.—excessive masturbation goes on to affect the production of s. S. [somatic sexual excitation] and to bring about a lasting reduction in s. S., consequently to a weakening of the p. S. [psychical sexual group]. This is neurasthenic melancholia. The [second] case, in which sexual tension is diverted from the p. S. [psychical sexual group], while the production of s. S. [somatic sexual excitation] is not diminished, presupposes that

[1] [Cf. p. 187 above. The remarkable diagram overleaf deserves close examination. It throws light on many points not only in the present draft but in others of Freud's contemporary writings—in particular on the first paper on anxiety neurosis (1895*b*), *Standard Ed.*, 3, 68 and 108.]

[2] [I.e. the group of ideas with which the physical sexual tension enters into relation after reaching a certain threshold, and which then work over the tension and deal with it psychically (see p. 192 above).] Here, as elsewhere in these manuscripts, Freud makes use of numerous abbreviations. He himself does not use them uniformly and their expansion is not always easy. Thus in this passage he himself explains that 'ps. S.' stands for 'psychical sexual group', but a dozen lines lower down we find 'p. S.' for what is certainly the same term, and later on 'ps. G.' It must be pointed out that in *Anf.* the abbreviation 's. S.' is repeatedly expanded incorrectly to '*somatische Sexualspannung*' ('somatic sexual tension'), instead of to '*somatische Sexualerregung*' ('somatic sexual excitation'), as Freud specifically directs.]

Schematic Picture of Sexuality

Ego boundary
Psychical group
External world
Specific
Ps.S.
Sexual object
Conduction of voluptuous feelings
Sexual tension
reaction
Somat.-psych. boundary
Spinal centre
Sexual object in favourable position
Sensation
Reflex action
End-organ
S.S.

[Fig. 1]

[In the original all the arrows are in red, except the dotted one near the top on the extreme left.]

the s. S. [somatic sexual excitation] is employed elsewhere—at the boundary [between the somatic and the psychical]. This, however, is the determinant of anxiety; and accordingly this coincides with the case of anxious melancholia, a mixed form combining anxiety neurosis and melancholia.

In this discussion, therefore, the three forms of melancholia, which must in fact be distinguished, are explained.

IV

How does it come about that anaesthesia plays this part in melancholia?

According to the schematic diagram [Fig. 1], there are the following kinds of anaesthesia.

Anaesthesia always consists, to be sure, in the omission of V. (the voluptuous feeling) which ought to be conducted into the ps. S. [psychical sexual group] after the reflex action which unloads the end-organ. The voluptuous feeling is measured by the amount of unloading.

(*a*) The E. [end-organ] is not sufficiently loaded; hence the unloading at coitus is slight and the V. [voluptuous feeling] very small: the case of frigidity.

(*b*) The pathway from sensation to the reflex action is damaged, so that the action is not sufficiently strong. If so, the unloading and the V. are also slight: the case of masturbatory anaesthesia, the anaesthesia of coitus interruptus, etc.

(*c*) Everything below is in order; only, V. is not admitted to the ps. G. [psychical sexual group] owing to being linked in another direction (with disgust—defence): this is hysterical anaesthesia, which is entirely analogous to hysterical anorexia (disgust).

To what extent, then, does anaesthesia encourage melancholia?

In case (*a*), of frigidity, anaesthesia is not the *cause* of melancholia but a sign of a disposition to it. This tallies with Fact A(1) mentioned at the beginning of this paper [p. 200]. In other cases the anaesthesia *is* the cause of the melancholia, since the ps. G. [psychical sexual group] is strengthened by the introduction of V. and weakened by its omission. (Based on general theories of the binding of excitation in the memory.)[1] Fact A(2) is thus taken into account [p. 200].

It follows from this that it is possible to be anaesthetic without

[1] [This was to be discussed at length in the *Project*. See p. 380 ff. below.]

being melancholic. For melancholia is related to the omission of s. S. [somatic sexual excitation] while anaesthesia is related to the omission of V. Anaesthesia is, however, a sign of or a preparation for melancholia, since the p. S. [psychical sexual group] is as much weakened by the omission of V. as by the omission of s. S. [somatic sexual excitation].

V

The question has to be considered of how it comes about that anaesthesia is so predominantly a characteristic of women. This arises from the passive part played by them. An anaesthetic man will soon cease to undertake any coitus; a woman has no choice. Women become anaesthetic more easily because

(1) their whole upbringing works in the direction of not awakening s. S. [somatic sexual excitation], but of changing all excitations which might otherwise have that effect into psychical stimuli—that is, of directing the dotted line [in the schematic diagram, Fig. 1] from the sexual object entirely into the ps. G. [psychical sexual group]. This is necessary because, if there were a vigorous s. S. [somatic sexual excitation], the ps. G. [psychical sexual group] would soon acquire such strength intermittently that, as in the case of men, it would bring the sexual object into a favourable position by means of a specific reaction [p. 192 above]. But women are required to leave out the arc of the specific reaction; instead, permanent specific actions are required of them which entice the male into the specific action. Thus sexual tension is kept low, its access to the ps. G. [psychical sexual group] so far as possible cut off and the indispensable strength of the ps. G. supplied in another way. If, now, the ps. G. gets into a state of longing, then, in view of the low level [of tension] in the E. [end-organ], that state is easily transformed into melancholia. The ps. G. in itself is capable of little resistance. Here we have the juvenile, immature type of libido, and the demanding, anaesthetic women mentioned above [Fact A(3), p. 200] merely continue this type.

(2) Women [become anaesthetic more easily than men do] because they so often approach the sexual act (marry) without love—that is, with less s. S. [somatic sexual excitation] and tension in the E. In that case they are frigid and remain so.

The low level of tension in the E. seems to contain the main disposition to melancholia. In individuals of this kind every neurosis easily takes on a melancholic stamp. Thus, whereas potent individuals easily acquire anxiety neuroses, impotent ones incline to melancholia.

VI

And now, how can the effects of melancholia be explained? The best description of them: *psychical inhibition with instinctual impoverishment and pain concerning it.*

[Fig. 2]

We can imagine that, if the ps. G. [psychical sexual group] meets with a very great loss in the amount of its excitation, there may come about *an in-drawing* (as it were) *in the psychical sphere*, which produces an effect of suction upon the adjoining amounts of excitation. The associated neurones are obliged to give up their excitation, *which produces pain*. [Fig. 2.] Uncoupling associations is always painful. There sets in an impoverishment in excitation (in the free store of it) — an *internal haemorrhage*, as

[Fig. 3]

it were—which shows itself in the other instincts and functions. This in-drawing operates inhibitingly, like a *wound*, in a manner analogous to pain (cf. the theory of physical pain).[1] (A counterpart of this would be presented by mania, where the overflowing excitation is communicated to all associated neurones [Fig. 3].)[2] Here, then, there is a similarity to neurasthenia. In neurasthenia a quite similar impoverishment takes place owing to the excitation running out, as it were, through a hole. But in that case what is pumped empty is s. S. [somatic sexual excitation]; in melancholia the hole is in the psychical sphere. Neurasthenic impoverishment can, however, extend over to the psychical sphere. And in fact the manifestations are so similar that some cases can be distinguished only with difficulty.

DRAFT H[3]

PARANOIA

In psychiatry delusional ideas stand alongside of obsessional ideas as purely intellectual disorders, and paranoia stands

[1] [This was discussed a little later by Freud in Sections 6 and 12 of Part I of the *Project*. See, especially, p. 307 below, where references are also given to similar accounts in *Beyond the Pleasure Principle*, (1920*g*), *Standard Ed.*, **18**, 29–30, and *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 170–2. The analogy with 'an open wound' occurs in 'Mourning and Melancholia' (1917*e*), ibid., **14**, 253.]

[2] [We have put this sentence in parentheses since otherwise it appears to interfere with the train of thought. What follows seems to be comparing neurasthenia not with mania but with melancholia.]

[3] [Enclosed with an (unpublished) letter of January 24, 1895.—This is the first of Freud's many discussions of paranoia. A summary of the series is given in the Editor's Note to the Schreber analysis (*Standard Ed.*, **12**, 4–5). About a year later than the present draft he returned to the subject in a (less interesting) discussion in Draft K (p. 226 ff. below), which was later expanded into Section III of the second paper on the neuro-psychoses of defence (1896*b*), ibid., **3**, 174 ff. Though the mechanism of projection is discussed here, there is no hint at all of the illness having a homosexual basis. That theory was first published by Freud in the Schreber analysis (1911*c*, *Standard Ed.*, **12**, 43). But he there tells us (ibid., 59) that 'during the last few years' he had been studying the question along with Jung and Ferenczi. Ernest Jones (1955, 303 and 281) mentions that Freud had raised the matter with Ferenczi on February 11, 1908 (he quotes part of this letter, ibid., 488) and with Jung a few days earlier, on January 27. In this last letter, Jones reports (ibid., 281), Freud said that 'he had learnt this from Fliess'. This was presumably by word of mouth, as there is no trace

alongside of obsessional insanity as an intellectual psychosis. If once obsessions have been traced back to an affective disturbance and proof has been found that they owe their strength to a conflict, then the same view must apply to delusions and they too must be the outcome of affective disturbances and must owe their strength to a psychological process. The contrary of this is accepted by psychiatrists, while laymen are inclined to attribute delusional insanity to shattering mental events. 'A man who does not lose his reason over certain things can have no reason to lose.'[1]

Now it is in fact the case that paranoia in its classical form is a *pathological mode of defence*, like hysteria, obsessional neurosis and hallucinatory confusion. People become paranoic over things that they cannot put up with, provided that they possess the peculiar psychical disposition for it.

In what does this disposition consist? In a tendency to what represents the psychical characteristic of paranoia; and this we will consider in an example.

An unmarried woman, no longer very young (about thirty), shared a home with her brother and [elder] sister. She belonged to the superior working class; her brother was working himself up into becoming a small manufacturer. Meanwhile they let off a room to a fellow-worker, a much-travelled, rather enigmatic man, very clever and intelligent. He lived with them for a year and was on the most companionable and sociable terms with them. After this he went away but returned after six months. This time he stopped for only a comparatively short time and then disappeared for good and all. The sisters used often to lament his absence and could speak nothing but good of him. Nevertheless, the younger sister told the elder one of an occasion when he made an attempt at getting her into trouble. She had been doing out the rooms while he was still in bed. He had called her up to the bed, and, when she unsuspectingly obeyed,

of it in the published Fliess papers. But in fact it seems likely that Freud had only taken up the idea seriously very shortly before these two letters to Jung and Ferenczi were written. A memorandum sent by Freud to Jung (hitherto unpublished) has recently come to light, which deals in very considerable detail with the theory of paranoia but shows no hint of a homosexual basis. This memorandum is undated, but it was found in association with other letters to Jung dating from the first half of 1907. It would seem probable, therefore, that the new theory dates from the latter part of 1907.]

[1] [Lessing, *Emilia Galotti*, Act IV, Scene 7. The same quotation occurs in an unfinished paper of Freud's, 'Psychopathic Characters on the Stage' (1942*a* [1905-6]), *Standard Ed.*, 7, 309.]

put his penis in her hand. There had been no sequel to the scene, and soon afterwards the stranger had gone off.

In the course of the next few years the sister who had had this experience fell ill. She began to complain, and eventually developed unmistakable delusions of observation and persecution to the following effect. She thought their women neighbours were pitying her for having been jilted and because she was still waiting for the man to come back: they were always making hints of that kind to her, kept on saying all kinds of things to her about the man, and so on. All this, she said, was of course untrue. Since then the patient has only fallen into this state for a few weeks at a time. Her insight then returns temporarily and she explains that it is all the result of getting excited; though even in the intervals she suffers from a neurosis which can easily be interpreted as a sexual one. And soon she falls into a fresh bout of paranoia.

The elder sister was astonished to notice that, as soon as the conversation turned to the scene of the seduction, the patient used to repudiate it. Breuer heard of the case, the patient was sent to me and I endeavoured to cure her tendency to paranoia by trying to reinstate the memory of the scene. I failed in this. I talked to her twice, got her to tell me everything to do with the lodger in 'concentration' hypnosis.[1] In reply to my searching enquiries as to whether something 'embarrassing' had not happened all the same, I was met with the most decided negative, and I saw her no more. She sent me a message to say that it upset her too much. Defence! That was obvious. She *wished* not to be reminded of it and consequently intentionally repressed it.[2]

There could be no doubt whatever about the defence, but it might just as well have led to a hysterical symptom or an obsessional idea. What was the peculiarity of paranoic defence?

She was sparing herself something, something was repressed. We can guess what it was. She had probably really been excited by what she had seen and by its memory. So what she was sparing herself was the reproach of being a 'bad woman'. Afterwards she came to hear the same reproach from outside. Thus *the subject-matter remained unaffected*; what was altered was something in the *placing* of the whole thing. Earlier it had been an internal self-reproach, now it was an imputation coming from outside. The judgement about her had been transposed out-

[1] [A stage, soon abandoned by Freud, between hypnotic suggestion proper and free association. See p. 66 above.]

[2] [For 'intentionally repressed', a phrase often used by Freud at this period, see a footnote to the 'Preliminary Communication' (1893*a*), *Standard Ed.*, **2**, 10.]

wards: people were saying what otherwise she would have said to herself. Something was gained by this. She would have had to accept the judgement pronounced from inside; she could reject the one arriving from outside. *In that way the judgement, the reproach, was kept away from her ego.*

The purpose of paranoia is thus to fend off an idea that is incompatible with the ego, by projecting its substance into the external world.[1]

Two questions arise: [1] How is a transposition of this kind brought about? [2] Does this apply also to other cases of paranoia?

(1) The transposition is effected very simply. It is a question of an abuse[2] of a psychical mechanism which is very commonly employed in normal life: transposition or projection. Whenever an internal change occurs, we have the choice of assuming either an internal or an external cause. If something deters us from the internal derivation, we shall naturally seize upon the external one. Secondly, we are accustomed to our internal states being betrayed (by an expression of emotion) to other people. This accounts for normal delusions of observation and normal projection. For they are normal so long as, in the process, we remain conscious of our own internal change. If we forget it and if we are left with only the leg of the syllogism that leads outwards, then there we have paranoia, with its overvaluation of what people know about us and of what people have done to us. What do people know about us that we know nothing about, that we cannot admit? *It is, therefore, abuse of the mechanism of projection for purposes of defence.*

Something quite analogous, indeed, takes place with obsessional ideas. The mechanism of substitution is also a normal one. When an old maid keeps a dog or an old bachelor collects snuff-boxes, the former is finding a substitute for her need for a companion in marriage and the latter for his need for—a multitude of conquests. Every collector is a substitute for a Don Juan Tenorio, and so too is the mountaineer, the sportsman, and such people. These are erotic equivalents. Women know them too. Gynaecological treatment falls into this category.

[1] [The concept of projection (as well as the term) makes its first appearance in this passage. It was made public in the second paper on the neuro-psychoses of defence (1896b), ibid., 3, 184, but with much less detail than here.]

[2] ['*Missbrauch*' in the MS., as at the end of the paragraph. Here only, *Anf.* mistakenly reads '*Ausbruch*' ('breaking out').]

There are two kinds of women patients: one kind who are as loyal to their doctor as to their husband, and the other kind who change their doctors as often as their lovers. This normally operating mechanism of substitution is abused in obsessional ideas—once again for purposes of *defence*.

[2] And now, does this view apply also to other cases of paranoia? To all of them, I should have thought. But I will take some examples.

The litigious paranoic cannot put up with the idea that he has done wrong or that he should part with his property. He therefore thinks the judgement was not legally valid, that he is not in the wrong, etc. This case is too clear and perhaps not quite unambiguous; maybe it could be resolved more simply.

The '*grande nation*' cannot face the idea that it can be defeated in war. *Ergo* it was not defeated; the victory does not count. It provides an example of mass paranoia and invents the delusion of betrayal.[1]

The alcoholic will never admit to himself that he has become impotent through drink. However much alcohol he can tolerate, he cannot tolerate this piece of knowledge. So his wife is to blame—delusions of jealousy and so on.

The hypochondriac will struggle for a long time before finding the key to his feelings of being seriously ill. He will not admit to himself that they arise from his sexual life, but it gives him the greatest satisfaction if his ailment is, as Moebius says, not endogenous but exogenous. So he is being poisoned.

The official who has been passed over for promotion requires that there should be a conspiracy against him and that he should be spied on in his room. Otherwise he would have to admit his shipwreck.

What develops like this need not always be delusions of persecution. Megalomania may perhaps be even more effective in keeping the distressing idea away from the ego. Take, for instance, a cook who has lost her looks, and who must accustom herself to the thought that she is permanently excluded from happiness in love. This is the right moment for the emergence of the gentleman from the house opposite, who clearly wants to marry her and who is giving her to understand as much in such a remarkably bashful but none the less unmistakable fashion.

In every instance the *delusional idea* is maintained with the same energy with which another, intolerably distressing, idea

[1] [A reference to the aftermath of the Franco-Prussian War of 1870.]

SUMMARY

fended-off

	Affect	Content of idea	Hallucination	Outcome
Hysteria	got rid of by conversion –	– absent from consciousness	–	Unstable defence with satisfactory gain
Obsessional Idea	retained +	– absent from consciousness substitute found	–	Permanent defence without gain
Hallucinatory Confusion	absent –	absent	friendly to ego friendly to defence	Permanent defence brilliant gain
Paranoia	retained +	+ retained projected out	hostile to ego friendly to defence	Permanent defence without gain
Hysterical Psychosis	dominates +	consciousness +	hostile to ego hostile to defence	Failure of defence

[Fig. 4]

is fended off from the ego. Thus they love *their delusions as they love themselves*. That is the secret.

And now, how does this form of defence compare with those that we already know: (1) hysteria, (2) obsessional idea, (3) hallucinatory confusion, (4) paranoia? We have to take into account: affect, content of the idea and hallucinations. [Cf. summary in Fig. 4.]

(1) *Hysteria*. The incompatible idea is not admitted to *association* with the ego. The content is retained in a segregated compartment, it is absent from consciousness; its affect [is got rid of][1] by conversion into the somatic sphere. —Psychoneurosis is the only [result].[2]

(2) *Obsessional idea*. Once more, the incompatible idea is not admitted to *association*. The affect is retained; the content is replaced by a substitute.

(3) *Hallucinatory confusion*. The whole incompatible idea — affect and content — is kept away from the ego; and this is only possible at the price of a partial detachment from the external world. Recourse is had to hallucinations, which are *friendly to the ego* and *support the defence*.

(4) *Paranoia*. The content and affect of the incompatible idea are retained, in direct contrast to (3), but they are projected into the external world. Hallucinations, which arise in some forms of the illness, are *hostile to the ego* but support the defence.

In hysterical psychoses, on the contrary, it is precisely the ideas fended off that gain the mastery. The type of these is the attack and the *état secondaire*. The hallucinations are *hostile to the ego*.

The *delusional idea* is either a copy of the idea fended off or its contrary (megalomania). Paranoia and hallucinatory confusion are the two *psychoses of defence or contrariness*. The 'reference to oneself' in paranoia is analogous to the hallucinations in confusional states, for these seek to assert the exact contrary of the fact that has been fended off. Thus the reference to oneself always seeks to prove the correctness of the projection.

[1] [The verb is missing in the MS. *Anf.*, 124, supplies, not very convincingly, '*verschoben*' ('displaced'). 'Got rid of' ('*erledigt*') is derived from Freud's own tabular summary (Fig. 4).]

[2] [The MS. has '*Psychoneurose die einzige*.' These rather obscure words are omitted in *Anf.*, 124.]

LETTER 22[1]

. . . I have nothing to report to you. At most a small analogy to D's dream psychosis that we went through together. Rudi Kaufmann, a very intelligent nephew of Breuer's, and a medical student too, is a late riser. He gets himself called by a servant, but is very reluctant about obeying her. One morning she woke him up a second time and, as he would not respond, called him by his name: 'Herr Rudi!' Thereupon the sleeper had a hallucination of a notice-board over a hospital bed (cf. the Rudolfinerhaus)[2] with the name 'Rudolf Kaufmann' on it, and said to himself: 'R. K.'s in hospital in any case, then; so I needn't go there!' and went on sleeping.[3]

. . . .

DRAFT I[4]

MIGRAINE: ESTABLISHED POINTS

(1) *A matter of summation.* There is an interval of hours or days between the instigation and the outbreak of the symptoms. One has a sort of feeling that an obstacle is being overcome and that a process then goes forward.

(2) *A matter of summation.* Even without an instigation one has an impression that there must be an accumulating stimulus which is present in the smallest quantity at the beginning of the interval and in the largest quantity towards its end.

(3) *A matter of summation*, in which susceptibility to aetiological factors lies in the height of the level of the stimulus already present.

[1] [Dated Vienna, March 4, 1895.]

[2] [The Rudolf Hospital in Vienna.—'Rudi' is the familiar short form of 'Rudolf'.]

[3] [This, perhaps the earliest recorded wishful 'dream of convenience', was introduced by Freud into *The Interpretation of Dreams*, *Standard Ed.*, **4**, 125 and 233 He used it again in his last, posthumous, work, *An Outline of Psycho-Analysis* (1940*a*), ibid., **23**, 170.]

[4] [This MS is undated It does not form part of the rest of the collection of 'Fliess Papers', but was in the possession of Dr Robert Fliess in New York It appears to be a document, apparently referred to as having been recently written, in a portion, not published here, of Letter 22 above. This is dated March 4, 1895. Both Freud and Fliess were sufferers from migraine (See Jones, 1953, 339, and *The Psychopathology of Everyday Life* (1901*b*), *Standard Ed.*, **6**, 21.]

(4) A matter with a *complicated aetiology*. Perhaps on the pattern of a chain-aetiology, where a proximate cause can be produced by a number of factors[1] directly and indirectly, or on the pattern of a summation-aetiology, where, alongside of a specific cause, stock causes can act as quantitative substitutes.[2]

(5) A matter on the model of menstrual migraine and belonging to the sexual group. Evidence:

(*a*) Rarest in healthy males.

(*b*) Restricted to the sexual time of life: childhood and old age almost excluded.

(*c*) If it is produced by summation, sexual stimulus too is something produced by summation.

(*d*) The analogy of periodicity.

(*e*) Frequency in people with disturbed sexual discharge (neurasthenia, coitus interruptus).

(6) Certainty that migraine can be produced by chemical stimuli: human toxic emanations,[3] scirocco,[4] fatigue, smells. Now, sexual stimulus, too, is a chemical one.

(7) Cessation of migraine during pregnancy, when production is probably directed elsewhere.

This would seem to show that migraine is a toxic effect produced by the sexual stimulating substance[5] when this cannot find sufficient discharge. And perhaps one should add to this that there is a particular path present (whose location has to be determined) which is in a state of special susceptibility. The question about this is the question of the localization of migraine.

(8) In regard to this path we have indications that organic diseases of the cranium, tumours and suppurations (without toxic intermediate links?), produce migraine or something similar, further that migraine is *unilateral*, is connected with the nose and is linked with localized paralytic phenomena. The first of these signs is not unambiguous. The unilaterality, localization over the eye and complication by localized paralyses are more important.

(9) The painfulness of migraine can only suggest the cerebral

[1] ['*Durch viele Momente*' in the MS. *Anf.*, 126, reads '*Monate*' ('over a number of months').]

[2] [For the various kinds of aetiological factors see Freud's probably contemporary second paper on anxiety neurosis (1895*f*), *Standard Ed.*, **3**, 135 ff. There is a mention of migraine in that same paper (ibid., 133) and summation is also discussed (ibid., 130).]

[3] [Further mentioned below, p. 390.]

[4] [Cf. Letter 14, p. 185 above.]

[5] [See Draft D, p. 187 above.]

meninges, since affections of the cerebral *substance* are certainly painless.

(10) If in this way migraine seems to approach neuralgia, this tallies with summation, sensitivity and its oscillations, the production of neuralgias through toxic stimuli. *Toxic neuralgia* will thus be its physiological prototype. The scalp is the seat of its pain and the trigeminal is its pathway. Since, however, the neuralgic change can only be a central one, we must suppose that the logical centre for migraine is a trigeminal nucleus whose fibres supply the dura mater.

Since the pain in migraine is similarly located to that in supra-orbital neuralgia, this dural nucleus must be in the neighbourhood of the nucleus of the first division. Since the different branches and nuclei of the trigeminal influence one another, all other affections of the trigeminal can contribute to the aetiology [of migraine] as concurrent (not as stock) factors.

The symptomatology and biological position of migraine.

The pain of a neuralgia usually finds its discharge in tonic tension (or even in clonic spasms). Therefore it is not impossible that migraine may include a spastic innervation of the muscles of blood vessels in the reflex sphere of the dural region. We may ascribe to this intervention the general (and, indeed, the local) disturbance of function which does not differ symptomatically from a similar disturbance due to vascular constriction. (Cf. the similarity of migraine to attacks of thrombosis.) Part of the inhibition is due to the pain in itself. It is presumably the vascular area of the choroid plexus which is first affected by the spasm of discharge. The relation to the eye and nose is explained by their common innervation by the first division [of the trigeminal] [1]

DRAFT J[2]

Frau P. J. (aged 27)

[I]

She had been married for three months. Her husband, a commercial traveller, had had to leave her a few weeks after

[1] [Freud returned to the subject of migraine (one in which Fliess was particularly interested in the later part of Letter 39 of January 1, 1896, printed here as Appendix B to the *Project*, on p. 388 below.]

[2] [Undated. There seems to be no precise evidence. The editors of

their marriage and had already been away for weeks on end. She missed him very much and longed for him. She had been a singer, or at any rate had been trained as one. To pass the time, she was sitting at the piano singing, when suddenly she felt ill—in her abdomen and stomach, her head swam, she had feelings of oppression and anxiety and cardiac paraesthesia; she thought she was going mad. A moment later it occurred to her that she had eaten eggs and mushrooms that morning, and concluded that she had been poisoned. However, the condition quickly passed off. Next day the maidservant told her that a woman living in the same house had gone mad. From that time on she was never free of an obsession, accompanied by anxiety, that she was going to go mad too.

Such is the outline of the case. I assumed to start with that her condition then had been an anxiety attack—a release of sexual feeling which was transformed into anxiety. An attack of that kind, I was afraid, might take place without any accompanying psychical process. Nevertheless, I would not reject the more favourable possibility that such a process might be found; on the contrary, I would take it as the starting-point of my work. What I expected to find was this. She had had a longing for her husband—that is, for sexual relations with him; she had thus come upon an idea which had excited sexual affect and afterwards defence against the idea; she had then taken fright and made a false connection or substitution.[1]

I began by asking her about the subsidiary circumstances of the event: something must have reminded her of her husband. She had been singing Carmen's aria 'Près des remparts de Séville'.[2] I asked her to repeat it for me; she could not even recall the words exactly. 'At what point do you think the attack came on?' She did not know. When I applied pressure [to her forehead],[3] she said it had been *after* she had finished the aria. That seemed quite possible: it had been a train of thought brought up by the text of the aria. I then asserted that before

Anf. assign it to 1895 on the basis of the handwriting and a possible resemblance in the 'form' of the case history to that of a case reported in the *Project* (p. 353 below)—presumably the fact of there being a 'Scene I' and a 'Scene II' in both. The reference at several points to the 'pressure technique' suggests that the date may in fact be earlier than this. (See p. 66 above).]

[1] [For 'false connection' see Section II of the first paper on the neuro-psychoses of defence (1894*a*), *Standard Ed.*, **3**, 52 *n*.]

[2] [The *seguidilla* from Act I of Bizet's opera.]

[3] [See footnote above.]

the attack there had been thoughts present to her which she might not remember. In fact she remembered nothing, but pressure [on her forehead] produced 'husband' and 'longing'. The latter was further specified, on my insistence, as longing for sexual caresses. 'I'm quite ready to believe that. After all, your attack was only a state of outpouring of love. Do you know the page's song?—

> Voi che sapete che cosa è amor,
> Donne vedete s'io l'ho nel cor. . .[1]

There was certainly something besides this: a feeling in the lower part of the body, a convulsive desire to urinate.' She now confirmed this. The insincerity of women starts from their omitting the characteristic sexual symptoms in describing their states. So it had really been an *orgasm*.

'Well you can see, anyhow, that a state of longing like that in a young woman who has been left by her husband cannot be anything to be ashamed of.' On the contrary, she thought, something to be approved of. 'Very well; but in that case I can see no reason for fright. You were certainly not frightened about "husband" and "longing", so there must be some other thoughts missing, which are more appropriate to the fright.' But she only added that she had all along been afraid of the pains that intercourse caused her, but that her longing had been much stronger than her fear of the pains. At this point we broke off.

II

It was much to be suspected that in Scene I (by the piano), alongside of her longing thoughts for her husband (which she remembered), she had entered on another, deep-going train of thought, which she did *not* remember and which led to a Scene II. But I did not as yet know its starting-point. To-day she arrived weeping and in despair, evidently without any hope of the treatment succeeding. So her resistance was already stirred up and progress was far more difficult. What I wanted to know, then, was what thoughts that might lead to her being frightened were still present. She brought up all kinds of things that could not be relevant: the fact that for a long time she had not been deflowered (which Professor Chrobak[2] had confirmed to her), that she attributed her nervous state to that and for that reason wished it might be done. This was, of course, a thought from a later time: till Scene I she had been in good health. At last

[1] [Cherubino's *canzonetta* from Act II of Mozart's *Figaro*.]
[2] [Professor of Gynaecology at Vienna, 1880-1908.]

I obtained the information that she had already had a similar, but much weaker and more transitory, attack with the same feelings. From this I saw that it was from the mnemic picture of the orgasm itself that the path leading down to the deeper layers took its start.) We investigated the other scene. At that time—four years back—she had had an engagement at Ratisbon. In the morning she had sung at a rehearsal and had given satisfaction. In the afternoon, at home, she had had a 'vision'—as if there were something, a 'row', between her and the tenor of the company and another man, and afterwards she had had the attack, with the fear that she was going mad.

Here then was a Scene II, which had been touched on by association in Scene I. But it was evident that here, too, the memory had gaps in it. There must have been other ideas present in order to account for the release of sexual feeling and the fright. I asked for these intermediate links, but instead I was told her motives. She had disliked the whole of life on the stage. —'Why?' The brusqueness of the manager and the actors' relations to one another. I asked for details of this. There had been an old comic actress with whom the young men used to joke by asking her if they might come and spend the night with her. —'Something further, about the tenor.'—He had pestered her, too; at the rehearsal he had put his hand on her breast.—'Through your clothes or on the bare skin?'—At first she said the latter, but then took it back: she had been in outdoor clothes. —'Well, what more?'—The whole character of their relations, all the hugging and kissing among the players had been frightful to her.—'Yes?' —Once again the manager's brusqueness, and she had only stayed there a few days.—'Was the tenor's assault made on the same day as your attack?'—No, she did not know if it had been earlier or later.—My enquiries with the help of pressure showed that the assault had been on the fourth day of her stay and her attack on the sixth.

Interrupted by the patient's flight.

NOTE

During the whole of the later part of the year 1895 Freud was largely occupied with the fundamental theoretical problem of the relation between neurology and psychology. His reflections finally led to the uncompleted work which we have named a *Project for a Scientific Psychology*. This was written in September and October, 1895, and should appear, chronologically, at this point in the Fliess papers. It stands so much apart, however, from the rest of them, and constitutes such a formidable and self-contained entity, that it has seemed advisable to print it in a detached shape at the end of this volume. One letter, No. 39, written on January 1, 1896, is so closely connected with the *Project* (apart from which, indeed, it would be unintelligible) that it too has been removed from its proper place in the correspondence and printed as an appendix to the *Project*. That Freud had also during all this period been concerned with clinical matters as well, is conclusively shown by the fact that on the very same day on which he despatched this letter (January 1, 1896) he also sent Fliess Draft K, which follows here and is in many respects a full preliminary sketch of his second paper on the neuro-psychoses of defence (1896*b*), completed very soon afterwards.

DRAFT K[1]

THE NEUROSES OF DEFENCE

(*A Christmas Fairy Tale*)

There are four types of these and many forms. I can only make a comparison between hysteria, obsessional neurosis and one form of paranoia. They have various things in common. They are pathological aberrations of normal psychical affective states: of *conflict* (hysteria), of *self-reproach*[2] (obsessional neurosis), of *mortification* (paranoia), of *mourning* (acute hallucinatory amentia). They differ from these affects in that they do not lead to anything being settled but to permanent damage to the ego. They come about subject to the same precipitating causes as their affective prototypes, provided that the cause fulfils two more preconditions—that it is *of a sexual kind* and that it occurs during the period before sexual maturity (the preconditions of *sexuality and infantilism*). About preconditions applying to the individual concerned I have no fresh knowledge. In general I should say that heredity is a further precondition, in that it facilitates and increases the pathological affect—the precondition, that is, which mainly makes possible the gradations between the normal and the extreme case. I do not believe that

[1] [This was enclosed in Letter 39, of January 1, 1896, which is mentioned on the previous page and will be found on p. 388 below. It was therefore no doubt written during the preceding days—hence its sub-title. This is in some parts a fairly close precursor of the second paper on the neuro-psychoses of defence (1896*b*), which was sent off by Freud to the publishers scarcely more than a month after this (on February 5).—Freud was beginning at this time to be engaged in the problem of the differential aetiology of the neuroses—the 'choice of neurosis', as he called it—which was to remain unsolved for many years. The present draft and Letters 46 and 52 are largely concerned with it, as are the contemporary published papers 1896*a*, 1896*b* and 1896*c*. A detailed account of his successive attempts at a solution is given in the Editor's Note to 'The Disposition to Obsessional Neurosis' (1913*i*), *Standard Ed.*, **12**, 313 ff. The final explanation had to await the investigation of the developmental stages of the libido and the concepts of fixation and regression. These later ideas are made plain in Lectures XXI and XXII of the *Introductory Lectures* (1916–17).]

[2] [Simply '*Vorwurf*' ('reproach') in the original. Both here and in his published writings this was Freud's habitual usage. Only very occasionally, and with no apparent change in meaning, he writes '*Selbstvorwurf*' ('self-reproach')—e.g. on p. 233 below.]

heredity determines the choice of the particular defensive neurosis.

There is a normal trend towards defence—that is, an aversion to directing psychical energy in such a way that unpleasure results. This trend, which is linked to the most fundamental conditions of the psychical mechanism (the law of constancy), cannot be employed against perceptions, for these are able to compel attention (as is evidenced by their consciousness); it only comes in question against memories and thoughts. It is innocuous where it is a matter of ideas to which unpleasure was at one time attached but which are unable to acquire any contemporary unpleasure (other than remembered unpleasure), and in such cases too it can be over-ridden by psychical interest.

The trend towards defence becomes detrimental, however, if it is directed against ideas which are also able, in the form of memories,[1] to release fresh unpleasure—as is the case with sexual ideas. Here, indeed, the one possibility is realized of a memory having a greater releasing power subsequently than had been produced by the experience corresponding to it.[2] Only one thing is necessary for this: that puberty should be interpolated between the experience and its repetition in memory—an event which so greatly increases the effect of the revival. The psychical mechanism seems unprepared for this exception, and it is for that reason a necessary precondition of freedom from neuroses of defence that no considerable sexual irritation should occur before puberty, though it is true that the effect of such an experience must be increased by hereditary disposition before it can reach a pitch capable of causing illness.

(Here a subsidiary problem branches off: how does it come about that under analogous conditions, perversion or simple immorality emerges instead of neurosis?)[3]

We shall be plunged deep into psychological riddles if we enquire into the origin of the unpleasure which seems to be released by premature sexual stimulation and without which, after all, a repression cannot be explained. The most plausible answer will appeal to the fact that shame and morality are the repressing forces and that the neighbourhood in which the sexual organs are naturally placed must inevitably arouse

[1] ['*Erinner[un]gen*', in the MS. *Anf.*, 157, has '*Energie*' ('energy').]

[2] [See the comment in the Editor's footnote on the similar passage near the end of Section 4 of Part II of the *Project*, p. 356 below.]

[3] [This seems to be the first mention of the relation between perversion and neurosis. See p. 238 below.]

disgust along with sexual experiences.[1] Where there is no shame (as in a male person), or where no morality comes about (as in the lower classes of society), or where disgust is blunted by the conditions of life (as in the country), there too no repression and therefore no neurosis will result from sexual stimulation in infancy. I fear, nevertheless, that this explanation will not stand up to deeper testing. I do not think that the release of unpleasure during sexual experiences is the consequence of the chance admixture of certain unpleasurable factors. Everyday experience teaches us that if libido reaches a sufficient height disgust is not felt and morality is over-ridden; and I believe that the generation of shame is connected with sexual experience by deeper links. In my opinion there must be an independent source for the release of unpleasure in sexual life: once that source is present, it can activate sensations of disgust, lend force to morality, and so on. I hold to the model of anxiety neurosis in adults, where a quantity deriving from sexual life similarly causes a disturbance in the psychical sphere, though it would ordinarily have found another use in the sexual process. So long as there is no correct theory of the sexual process, the question of the origin of the unpleasure operating in repression remains unanswered. [See footnote 1, p. 271.]

The course taken by the illness in neuroses of repression is in general always the same: (1) the sexual experience (or series of experiences) which is traumatic and premature and is to be repressed. (2) Its repression on some later occasion which arouses a memory of it; at the same time the formation of a primary symptom. (3) A stage of successful defence, which is equivalent to health except for the existence of the primary symptom. (4) The stage in which the repressed ideas return, and in which, during the struggle between them and the ego, new symptoms are formed which are those of the illness proper: that is, a stage of adjustment, of being overwhelmed, or of recovery with a malformation.[2]

[1] [Cf the 'Dora' case history (1905*e*), *Standard Ed.*, **7**, 31–2, where further references are given.]

[2] [Here, for the first time, is what might be called the standard formula for the development of a neurosis. It is repeated, in a less schematic shape, in the second paper on the neuro-psychoses of defence (1896*b*), *Standard Ed.*, **3**, 169–70. But it is implied in discussions of neurosis throughout Freud's writings, even in quite late ones. The fact, for instance, that stage (4), the return of the repressed, constitutes the illness proper is insisted on in a paper on 'The Loss of Reality in Neurosis and Psychosis' (1924*e*), ibid., **19**, 183; the possibility of an

The main differences between the various neuroses are shown in the way in which the repressed ideas return, others are seen in the manner in which the symptoms are formed and in the course taken by the illness. But the specific character of a particular neurosis lies in the fashion in which the repression is accomplished.

The course of events in obsessional neurosis is what is clearest to me, because I have come to know it the best.

Obsessional Neurosis

Here the primary experience has been accompanied by pleasure. Whether an active one (in boys) or a passive one (in girls), it was without pain or any admixture of disgust; and this in the case of girls implies a comparatively high age in general (about 8 years). When this experience is remembered later, it gives rise to a release of unpleasure; and, in particular, there first emerges a self-reproach, which is conscious. It seems, indeed, as though the whole psychical complex—memory and self-reproach—is conscious to start with. Later, both of them, without anything fresh supervening, are repressed and in their place an *antithetic symptom*, some nuance of *conscientiousness*, is formed in consciousness.

The repression may come about owing to the memory of the pleasure itself releasing unpleasure when it is reproduced in later years; this should be explicable by a theory of sexuality. But things may happen differently as well. In *all* my cases of obsessional neurosis, at a very early age, years before the experience of pleasure, there had been a *purely passive* experience; and this can hardly be accidental.[1] If so, we may suppose that it is

'overwhelming' of the ego (mentioned below (p. 227), in the first paper on the neuro-psychoses of defence (1894a), ibid., **3**, 55, and in *Studies on Hysteria* (1895d), ibid., **2**, 263-4) is often considered later (e.g. in *The Ego and the Id* (1923b), ibid., **19**, 57 and in *Moses and Monotheism* (1939a), ibid., **23**, 78), while the possibility of a malformation (or alteration) of the ego resulting (mentioned below, p. 227, and in the second paper on the neuro-psychoses of defence, 1896b, ibid., **3**, 185) is particularly emphasized in 'Analysis Terminable and Interminable' (1937c), ibid., **23**, 234 ff. The compromise character of symptoms, also suggested here, though more explicitly stated at several later points in this Draft (e.g. pp. 224 and 227), was insisted upon to the last. See for instance *Moses and Monotheism* (1939a), ibid., **23**, 76.]

[1] [This is emphasized in the second paper on the neuro-psychoses of defence, where some later references to the point are mentioned in an Editor's footnote (*Standard Ed.*, **3**, 168). The distinction between a passive

the later convergence of this passive experience with the experience of pleasure that adds the unpleasure to the pleasurable memory and makes repression possible. So that it would be a necessary clinical precondition of obsessional neurosis that the passive experience should happen early enough not to be able to prevent the spontaneous occurrence of the experience of pleasure. The formula would therefore run:

Unpleasure—Pleasure—Repression.

The determining factor would be the chronological relations of the two experiences to each other and to the date of sexual maturity.

At the stage of the return of the repressed,[1] it turns out that the *self-reproach* returns unaltered, but rarely in such a way as to draw attention to itself; for a while, therefore, it emerges as a pure sense of guilt without any content. It usually becomes linked with a content which is distorted in two ways—in time and in content: the former in so far as it relates to a contemporary or future action, and the latter in so far as it signifies not the real event but a surrogate chosen from the category of what is analogous—a substitution. An obsessional idea is accordingly a product of compromise, correct as regards affect and category but false owing to chronological displacement and substitution by analogy.

The affect of the self-reproach may be transformed by various psychical processes into other affects, which then enter consciousness more clearly than the affect itself. for instance, into *anxiety* (fear of the consequences of the action to which the self-reproach applies), *hypochondria* (fear of its bodily effects), *delusions of persecution* (fear of its social effects), *shame* (fear of other people knowing about it), and so on.

The conscious ego regards the obsession as something alien to itself; it withholds belief from it, by the help, it seems, of the antithetic idea of conscientiousness, formed long before. But at this stage it may at times happen that the ego is overwhelmed by the obsession—for instance, if the ego is affected by an episodic melancholia. Apart from this, the stage of illness is occupied by the defensive struggle of the ego against the

aetiology for hysteria and an active one for obsessional neurosis, held by Freud at this time, was given up by him soon afterwards (see Letter 46, p. 229 ff. below).]

[1] [The first actual occurrence of the phrase: its first published appearance was in the second paper on the neuro-psychoses of defence (1896*b*), ibid., **3**, 170.]

obsession; and this may itself produce new symptoms—those of the *secondary defence*. The obsessional idea, like any other, is attacked by logic, though its compulsive force is unshakable. The secondary symptoms are an intensification of conscientiousness, and a compulsion to examine things and to hoard them. Other secondary symptoms arise if the compulsion is transferred to motor impulses against the obsession—for instance, to brooding, drinking (*dipsomania*), protective ceremonials, *folie du doute*.

Here, then, we arrive at the formation of three species of symptoms:

(*a*) the primary symptom of defence—*conscientiousness*,

(*b*) the compromise symptoms of the illness—*obsessional ideas* or *obsessional affects*,

(*c*) the secondary symptoms of defence—*obsessional brooding, obsessional hoarding, dipsomania, obsessional ceremonials*.

Those cases in which the content of the memory has not become admissible to consciousness through substitution, but in which the affect of self-reproach has become admissible through transformation, give one the impression of a displacement having occurred along a chain of inferences: I reproach myself on account of an event—I am afraid other people know about it—therefore I feel ashamed in front of other people. As soon as the first link in this chain is repressed, the obsession jumps on to the second or third link, and leads to two forms of delusions of reference, which, however, are in fact part of the obsessional neurosis. The defensive struggle terminates in general doubting mania or in the development of the life of an eccentric with an indefinite number of secondary defensive symptoms—that is, if such a termination is reached at all.

It further remains an open question whether the repressed ideas return of their own accord, without the assistance of any contemporary psychical force, or whether they need this kind of assistance at every fresh wave of their return. My experiences indicate the latter alternative. States of contemporary unsatisfied libido, it seems, are what employ the force of their unpleasure to arouse the repressed self-reproach. Once this arousal has occurred and symptoms have arisen through the impact of the repressed on the ego, then, no doubt the repressed ideational material[1] continues to operate on its own account; but in the oscillations of its quantitative power it always remains dependent on the quota of libidinal tension present at the moment. Sexual tension which, owing to being satisfied, has no time to turn into unpleasure remains harmless. Obsessional

[1] ['*Vorstellungsmasse*' in the MS. In *Anf.*, 162, '*Vorstellungs*' is omitted.]

neurotics are people who are subject to the danger that eventually the whole of the sexual tension generated in them daily may turn into self-reproach or rather into the symptoms resulting from it, although at the present time they would not recognize the primary self-reproach afresh.

Obsessional neurosis can be cured if we undo all the substitutions and affective transformations that have taken place, till the primary self-reproach and the experience belonging to it can be laid bare and placed before the conscious ego for judging anew. In doing this we have to work through an incredible number of intermediate or compromise ideas which become obsessional ideas temporarily. We gain the liveliest conviction that it is impossible for the ego to direct on to the repressed material the part of the psychical energy to which conscious thought is linked. The repressed ideas—so we must believe—are present in and enter without inhibition into the most rational trains of thought; and the memory of them is aroused too by the merest allusions. The suspicion that 'morality' is put forward as the repressing force only as a pretext is confirmed by the experience that resistance during the therapeutic work avails itself of every possible motive of defence.

Paranoia[1]

The clinical determinants and chronological relations of pleasure and unpleasure in the primary experience are still unknown to me. What I have distinguished is the fact of repression, the primary symptom and the stage of illness as determined by the return of the repressed ideas.

The primary experience seems to be of a similar nature to that in obsessional neurosis; repression occurs after the memory of it has released unpleasure—it is unknown how. No self-reproach, however, is formed and afterwards repressed, but the unpleasure generated is referred to the patient's fellow-men in accordance with the psychical formula of projection. The primary symptom formed is *distrust* (sensitiveness to other people). In this, belief has been withheld from a self-reproach.

We may suspect the existence of different forms, according to whether only the affect is repressed by projection or the content of the experience too, along with it. So, again, what returns may be merely the distressing affect or the memory as well. In the second case, which is the only one I am closely acquainted with, the content of the experience returns as a thought that occurs

[1] [Cf. Draft H, p. 206 above.]

to the patient or as a visual or sensory hallucination. The repressed affect seems invariably to return in hallucinations of voices.

The returning portions of the memory are distorted by being replaced by analogous images from the present day—that is, they are simply distorted by a chronological replacement and not by the formation of a surrogate.[1] The voices, too, bring back the self-reproach as a compromise symptom and they do so, firstly, distorted in its wording to the pitch of being indefinite and changed into a threat; and, secondly, related not to the primary experience but precisely to the distrust—that is, to the primary symptom.

Since belief has been withheld from the primary self-reproach, it is at the unrestricted command of the compromise symptoms. The ego does not regard them as alien to itself but is incited by them to make attempts at explaining them which may be described as *assimilatory delusions*.[2]

At this point, with the return of the repressed in distorted form, the defence has at once failed; and the assimilatory delusions cannot be interpreted as a symptom of secondary defence but as the beginning of an *alteration of the ego*, an expression of its having been overwhelmed.[3] The process reaches its conclusion either in melancholia (a sense of the ego's littleness), which, in a secondary manner, attaches to the distortions the belief which has been withheld from the primary self-reproach,[4] or—what is more frequent and more serious—in *protective delusions* (megalomania), till the ego has been completely remodelled.

The determining element of paranoia is the mechanism of projection involving the refusal of belief in the self-reproach. Hence the common characteristic features of the neurosis: the significance of the voices as the means by which other people affect us, and also of gestures, which reveal other people's mental life to us; and the importance of the *tone* of remarks and *allusions* in them—since a direct reference from the *content* of remarks to the repressed memory is inadmissible to consciousness.

In paranoia repression takes place after a complicated conscious process of thought (the withholding of belief). This may

[1] [Cf. p. 224 above.]

[2] [In the second paper on the neuro-psychoses of defence (*Standard Ed.*, **3**, 185) these are spoken of as 'combinatory' or 'interpretative' delusions. Cf. p. 244.]

[3] [See footnote, p. 223.]

[4] ['*Primärvorwurf*'; in the MS. *Anf.*, 164, has '*Primärvorgang*' ('primary process').]

perhaps be an indication that it first sets in at a later age than in obsessional neurosis and hysteria. The preconditions of repression are no doubt the same. It remains a completely open question whether the mechanism of projection is entirely a matter of individual disposition or whether it is selected by particular temporal and accidental factors.

Four species of symptoms:
(*a*) primary symptoms of defence,
(*b*) compromise symptoms[1] of the return,
(*c*) secondary symptoms of defence,
(*d*) symptoms of the overwhelming of the ego.

Hysteria

Hysteria necessarily presupposes a primary experience of unpleasure—that is, of a passive nature. The natural sexual passivity of women explains their being more inclined to hysteria. Where I have found hysteria in men, I have been able to prove the presence of abundant sexual passivity in their anamneses. A further condition of hysteria is that the primary experience of unpleasure shall not occur at too early a time, at which the release of unpleasure is still too slight and at which, of course, pleasurable events may still follow independently. Otherwise what will follow will be only the formation of obsessions. For this reason we often find in men a combination of the two neuroses or the replacement of an initial hysteria by a later obsessional neurosis. Hysteria begins with the overwhelming of the ego, which is what paranoia leads to. The raising of tension at the primary experience of unpleasure is so great that the ego does not resist it and forms no psychical symptom but is obliged to allow a manifestation of discharge—usually an excessive expression of excitation. This first stage of hysteria may be described as 'fright hysteria'; its primary symptom is the *manifestation of fright* accompanied by a *gap* in the psyche. It is still unknown up to how late an age this first hysterical overwhelming of the ego can occur.

Repression and the formation of defensive symptoms only occur subsequently, in connection with the memory; and thenceforward *defence* and *overwhelming* (that is, the formation of symptoms and the outbreak of attacks) may be combined to any extent in hysteria.

Repression does not take place by the construction of an excessively strong antithetic idea [p. 121 above] but by the

[1] ['*Kompromisss[ymptome]*' in the MS. *Anf.*, 164, has '*Kompromiss-charakter*' ('compromise nature').]

intensification of a boundary idea, which thereafter represents the repressed memory in the passage of thought. It may be called a *boundary idea* because on the one hand it belongs to the ego and on the other hand forms an undistorted portion of the traumatic memory. So, once again, it is the result of a compromise; this, however, is not manifested in a replacement on the basis of some category of subject-matter, but by a displacement of attention along a series of ideas linked by temporal simultaneity. If the traumatic event found an outlet for itself in a motor manifestation, it will be this that becomes the boundary idea and the first symbol of the repressed material. There is thus no need to assume that some idea is being suppressed at each repetition of the primary attack; it is a question in the first instance of a *gap in the psyche*.

LETTER 46[1]

. . . As the fruit of some tormenting reflections, I send you the following solution to the aetiology of the psycho-neuroses, which still awaits confirmation from individual analyses. Four periods of life are to be distinguished [Fig. 5]:

Ages

Ia	Ib	A	II	B	III
up to 4 years	up to 8		up to 14		up to ∞
Preconscious	Infantile		Prepubertal		Maturity

[Fig. 5]

A and B (from about 8 to 10[3] and 13–17) are the transitional periods during which repression for the most part occurs.

The arousal in a later epoch of a sexual memory from an

[1] [Dated Vienna, May 30, 1896.]

[2] ['*Praeconsc*' in the MS. This term, apparently never used elsewhere by Freud, has, of course, quite a different meaning from '*vorbewusst*', for which the regular English translation is 'preconscious'.]

[3] [The period of the second dentition, to which Freud attributed much importance at this time—see below, p. 230 and cf. the second paper on the neuro-psychoses of defence (1896*b*), *Standard Ed.*, **3**, 165 and 167 *n* and 'The Aetiology of Hysteria' (1896*c*), ibid., 212.]

earlier one produces a *surplus of sexuality* in the psyche which operates as an inhibition of thought and gives the memory and its consequences an obsessive character—uninhibitability.

The period I*a* possesses the characteristic of being *untranslated*,[1] so that the arousal of a I*a* sexual scene[2] leads, not to psychical consequences, but to *conversion*. The surplus of sexuality prevents translation.

Surplus of sexuality alone is not enough to cause repression; the co-operation of *defence* is necessary for it; but without a surplus of sexuality defence does not produce a neurosis.

The different neuroses have their particular chronological requirements for their sexual scenes [Fig. 6]:

Chronological requirements

	I*a*	I*b*	A	II	B	III
	up to 4	up to 8		up to 14		up to x
Hysteria	Scene		Repression		Repression	
Obs. Neur.		Scene	Repression		Repression	
Paranoia				Scene	Repression	

[Fig. 6]

That is, the scenes for hysteria occur in the first period of childhood (up to 4 years), in which the mnemic residues are not translated into verbal images. It is a matter of indifference whether these I*a* scenes are aroused during the period after the second dentition (8 to 10) or in the stage of puberty. Hysteria always results and in the form of *conversion*, since the combined operation of defence and surplus of sexuality prevents translation.

The scenes for obsessional neuroses belong to Epoch I*b*. They are provided with a translation into words and when they are aroused in II or III, psychical obsessional symptoms are generated.

The scenes for paranoia fall in the period after the second dentition, in Epoch II, and are aroused in III (maturity). In

[1] [Into verbal images (see below).]

[2] [The term 'sexual scene' is the forerunner of the 'primal scene' of later years. Cf. the 'Wolf Man' analysis (1918*b*), *Standard Ed.*, **17**, 39. But in fact 'primal scenes' actually appears only a year later than the present letter. See p. 247 below.]

that case defence is manifested in disbelief. Thus the periods at which *repression* occurs are of no significance for the choice of neurosis,[1] the periods at which the *event* occurs are decisive. The *nature* of the scene is of importance in so far as it is able to give rise to defence. [Cf. p. 244.]

What happens if the scenes extend over several periods? If so, the earliest epoch is decisive, or combined forms appear, which it should be possible to demonstrate. Such a combination is for the most part[2] impossible between paranoia and obsessional neurosis, because the repression of the I*b* scene effected during II makes fresh sexual scenes impossible. [Cf. Draft N, p. 255.]

Hysteria is the only neurosis in which symptoms are perhaps possible even without defence, for even so the characteristic of conversion would remain. (Pure somatic hysteria.)

It will be seen that paranoia depends the least on infantile determinants. It is the neurosis of defence *par excellence*, independent even of morality and aversion to sexuality which are what in A and B provide the motives for defence for obsessional neurosis and hysteria, and consequently accessible to the lower classes.[3] It is an affection of maturity. If there are no scenes in I*a*, I*b* or II, defence can have no pathological consequences (normal repression). The surplus of sexuality fulfils the preconditions for *anxiety attacks* during maturity. The memory-traces are insufficient to take up the sexual quantity released, which should become [psychical] libido.

The importance of *intervals* between sexual experiences will be evident. A continuation of the scenes across a boundary between epochs may perhaps avoid the possibility of a repression, since in that case no surplus of sexuality arises between a scene and the first important memory of it.[4]

About consciousness [i.e. being conscious] or rather becoming conscious we must suppose three things:

(1) that, as regards memories, it consists for the most part

[1] [This seems to be the first appearance of the actual term '*Neurosenwahl*.' Its first published use was much later—in a paper on the sexual aetiology of the neuroses (1906*a*), ibid., 7, 275.]

[2] ['*Meist*' in the MS. Omitted in *Anf.*, 176.]

[3] ['*Daher dem niederen Plebs zugänglich.*' This clause is omitted in *Anf.*, 176.]

[4] [It will be recollected that according to Freud's current theory (p. 22[illegible] above) it was the interposition of puberty between an early sexual experience and the first memory of it that made neuroses possible.]

in the *verbal* consciousness pertaining to them—that is, in access to the associated word-presentations;[1]

(2) that it is not attached exclusively and inseparably either to the so-called unconscious or to the so-called conscious realm, so that these names seem to call for rejection;

(3) that it is determined by a *compromise* between the different psychical powers which come into conflict with one another when repressions occur.

These powers must be closely studied and inferred from their results. They are (1) the *inherent quantitative strength* of a presentation and (2) a freely displaceable *attention* which is attracted according to certain rules and repelled in accordance with the rule of *defence*. Symptoms are almost all *compromise structures*.[2] A fundamental distinction is to be made between *uninhibited* and *thought-inhibited* psychical processes. It is in the conflict between these two that symptoms arise as compromises to which the path to consciousness is opened. In neuroses each of these two processes is in itself rational (the uninhibited one is mono-ideistic, one-sided); the resultant compromise is *irrational*, analogous to an error in thought.[3]

In every case *quantitative* conditions must be fulfilled, for otherwise the defence by the thought-inhibited process prevents the formation of the symptom.

One species of psychical disturbance arises if the power of the uninhibited processes increases; another if the force of the thought-inhibition relaxes (Melancholia, exhaustion—dreams as a prototype.)

An increase of the uninhibited processes to the point of being in sole possession of the path to verbal consciousness produces *psychosis*.

There is no question of a separation between the two processes; it is only considerations of unpleasure that bar the various possible associative transitions between them.

. . . .

[1] [Freud had explained his theory of the part played in conscious thinking by speech-associations in Part III of the *Project* (p. 365 ff. below).]

[2] [This had already been asserted in Draft K (e.g. pp. 224 and 227 above) and in the second paper on the neuro-psychoses of defence, ibid., **3**, 170. For the 'rule of defence' see p. 370.]

[3] [The distinction between the primary and secondary processes had already been drawn in the *Project*, p. 327 below. But the next few years were to clarify the distinction immeasurably as will be seen by comparing this passage with Section E of the seventh chapter of *The Interpretation of Dreams* (1900*a*). See, in particular, *Standard Ed.*, **5**, 597 ff.]

LETTER 50[1]

. . . I must tell you a nice dream I had in the night after the funeral.[2] I was in some public place and read a notice there:

You are asked
to close the eyes.

I recognized the place at once as the barber's to which I go every day. On the day of the funeral I was kept waiting there and therefore reached the house of mourning rather late. At that time my family were displeased with me because I had arranged for the funeral to be quiet and simple, which they later agreed was quite right. They also took my being late in somewhat bad part. The sentence on the notice-board has a double sense, and means in both of them: 'one should do one's duty to the dead.' (An apology, as though I had not done it and my conduct needed overlooking, and the duty taken literally.) Thus the dream is an outlet for the inclination to self-reproach[3] which is regularly present among the survivors.

. . . .

LETTER 52[4]

. . . As you know, I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory-traces being subjected from time to time to a *re-arrangement* in accordance with fresh circumstances—to a *re-transcription*. Thus what is essentially new about my theory is the thesis that memory is present not once but several times over, that it is laid down in various species of indications. I postulated a similar kind of re-arrangement some time ago (*Aphasia*) for the paths leading from the periphery [of the body to the cortex].[5] I cannot say

[1] [Dated Vienna, November 2, 1896. The contemporary report of a dream which occurred soon after the death of Freud's father on October 23, 1896. This differs somewhat from the account in *The Interpretation of Dreams*, *Standard Ed.*, **4**, 317–18. From now onwards the letters begin to show more and more signs of occupation with the subject of dreams.]

[2] [In *The Interpretation of Dreams* Freud assigns it to 'the night before my father's funeral'.]

[3] [See footnote 2, p. 220.] [4] [Dated Vienna, December 6, 1896.]

[5] [The reference is to a passage in Freud's monograph on aphasia (1891*b*)—p. 55 of the German edition (p. 53 of the English translation).]

how many of these registrations there are: at least three, probably more. This is shown in the following schematic picture [Fig. 7], which assumes that the different registrations are also separated (not necessarily topographically) according to the neurones which are their vehicles. This assumption may not be necessary, but it is the simplest and is admissible provisionally.

```
                   I                II               III
 W               Wz               Ub               Vb               Bews
×   ×————×   ×————×   ×————×   ×————×   ×
    ×             ×   ×           ×           ×            ×
                            ×
```

[Fig. 7][1]

W [*Wahrnehmungen* (perceptions)] are neurones in which perceptions originate, to which consciousness attaches, but which in themselves retain no trace of what has happened. For *consciousness and memory are mutually exclusive.*[2]

Wz [*Wahrnehmungszeichen* (indication of perception)] is the first registration[3] of the perceptions; it is quite incapable of consciousness, and arranged according to associations by simultaneity.

Ub (*Unbewusstsein* [unconsciousness]) is the second registration, arranged according to other (perhaps causal) relations. *Ub* traces would perhaps correspond to conceptual memories; equally inaccessible to consciousness.

Vb (*Vorbewusstsein*[4] [preconsciousness]) is the third transcription, attached to word-presentations and corresponding to

[1] [This figure foreshadows the schematic pictures of the psychical apparatus in Chapter VII (B) of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 537–41. The abbreviations used here also foreshadow the ones there, which are familiar in their English versions and which first appear in Letter 64, and Draft N six months later than the present letter (pp. 253 and 255 below). The '*Bews*' stands for '*Bewusstsein*' (consciousness).]

[2] [Breuer had pointed this out in *Studies on Hysteria* (1895*d*), ibid., **2**, 188–9 *n*, and Freud had elaborated on it in Part I, Section 3 of the *Project*, as well as elsewhere. (See p. 299 below.) At the end of the previous sentence, the MS has '*des Geschehenen*'. *Anf.*, 186, reads '*des Geschehens*' ('of what happens').]

[3] ['*Niederschrift*'. In the corresponding account in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 539, the word used is '*Fixierung*', there translated 'record'. See Editor's footnote above, p. 125.]

[4] [This is the first known appearance of the term. Its first published occurrences were in *The Interpretation of Dreams*, *Standard Ed.*, **4**, 338 and **5**, 499.]

our official ego. The cathexes proceeding from this *Vb* become conscious according to certain rules, and this secondary *thought-consciousness* is subsequent in time, and is probably linked to the hallucinatory activation of word-presentations, so that the neurones of consciousness would once again be perceptual neurones and in themselves without memory.

If I could give a complete account of the psychological characteristics of perception and of the three registrations, I should have described a new psychology. Some material for this is in my hands, but that is not my present intention.

I should like to emphasize the fact that the successive registrations represent the psychical achievement of successive epochs of life. At the frontier between two such epochs a translation of the psychical material must take place. I explain the peculiarities of the psychoneuroses by supposing that this translation has not taken place in the case of some of the material, which has certain consequences. For I hold firmly to a belief in a trend towards quantitative[1] adjustment. Every later transcript inhibits its predecessor and drains off the excitatory process from it. If a later transcript is lacking, the excitation is dealt with in accordance with the psychological laws in force in the earlier psychical period and along the paths open at that time. Thus an anachronism persists: in a particular province *fueros*[2] are still in force, we are in the presence of 'survivals'.

A failure of translation—this is what is known clinically as 'repression'.[3] The motive for it is always a release of unpleasure which would be generated by a translation; it is as though this unpleasure provokes a disturbance of thought which does not permit the work of translation.

Within one and the same psychical phase, and among registrations of the same species, a *normal* defence makes itself felt owing to a generation of unpleasure. But *pathological* defence only occurs against a memory-trace from an earlier phase which has not yet been translated.

It cannot be due to the *magnitude* of the release of unpleasure if the defence succeeds in bringing about repression. We often struggle in vain precisely against memories involving the greatest unpleasure. So we arrive at the following account. If an event *A*, when it was a current one, aroused a certain amount of unpleasure, then the mnemic registration of it, *A* I or *A* II, possesses a means of inhibiting the release of unpleasure when

[1] ['*Quantitäten*' in the MS. *Anf.*, 187, has '*qualitäten*'.]

[2] [A *fuero* was an ancient Spanish law holding good in some particular city or province and guaranteeing that region's immemorial privileges.]

[3] [Cf. footnote 1, p. 271 below.]

the memory is re-awakened. The more often the memory recurs, the more inhibited does the release finally become.[1] There is *one* case, however, in which the inhibition is insufficient. If *A*, when it was current, released a particular unpleasure and if, when it is re-awakened, it releases fresh unpleasure, then this cannot be inhibited. If so, the memory is behaving as though it were some current event. This case can only occur with sexual events, because the magnitudes of the excitations which these release increase of themselves with time (with sexual development).

Thus a sexual event in one phase acts in the next phase as though it were a current one and is accordingly uninhibitable. What determines pathological defence (repression) is therefore *the sexual nature of the event and its occurrence in an earlier phase.*

Not all sexual experiences release unpleasure; most of them release pleasure. Thus the reproduction of most of them is linked with uninhibitable pleasure. An uninhibitable pleasure of this kind constitutes a *compulsion.* We are therefore led to the following theses. If a sexual experience is remembered in a different phase, a release of pleasure is accompanied by compulsion and a release of unpleasure by repression. In both cases the translation into the indications of the new phase seems to be inhibited (?).[2]

Now, clinical experience makes us acquainted with three groups of sexual psychoneuroses—hysteria, obsessional neurosis and paranoia; and it teaches us that the repressed memories relate to what was current in the case of hysteria between the ages of $1\frac{1}{2}$ and 4, of obsessional neurosis between 4 and 8, and of paranoia between 8 and 14. But before the age of 4 there is no repression yet; so that the psychical periods of development and the sexual phases do not coincide. [Fig. 8.]

	$1\frac{1}{2}$	4	8	14–15
Psych.	Ia	Ib	II	III
Sex.	I		II	III

[Fig. 8]

The following small diagram has its place here: [Fig. 9, opposite].

[1] [Cf. the discussion of the 'taming' of memories in Section 3 of Part III of the *Project* (p. 380 ff. below).]

[2] [The question mark is in the MS.]

	Wz	Wz + Ub	Wz + Ub + Vb	Ditto
	up to 4	up to 8	up to 14–15	
Hysteria	current	compulsion	repressed in Wz	
Obs. Neur.		current	repressed in Ub indications	
Paranoia			current	repressed in Vb indications
Perversion	current	current	compulsion (current)	repression impossible or not attempted

[Fig. 9][1]

[1] [The abbreviations used here are explained on p. 234 above.]

For another consequence of premature sexual experiences is perversion, of which the determinant seems to be that defence either did not occur before the psychical apparatus was completed or did not occur at all.

So much for the superstructure. Now for an attempt to set it on its organic foundations. What has to be explained is why sexual experiences, which, when they were current, generated pleasure, should, when they are remembered from a different phase, generate unpleasure in some people and persist as compulsion in others. In the former case they must evidently be releasing at a later time an unpleasure which was not released to begin with.

We have also to trace the derivation of the different epochs, psychological and sexual. You have explained the latter to me as special multiples of the 28-day female period. . . .[1]

. . . .

In order to account for why the outcome [of premature sexual experience (see above)] is sometimes perversion and sometimes neurosis, I avail myself of the bisexuality of all human beings. In a purely male being there would be a surplus of male release at the two sexual barriers[2] as well that is, pleasure would be generated and consequently perversion; in purely female beings there would be a surplus of unpleasurable substance at these times. In the first phases the releases would be parallel: that is, they would produce a normal surplus of pleasure. This would explain the preference of true females for neuroses of defence.

In this way the intellectual nature of males would be confirmed on the basis of your theory.

Finally, I cannot suppress a suspicion that the distinction between neurasthenia and anxiety neurosis, which I detected clinically, is connected with the existence of the two 23-day and 28-day substances.

Besides the two which I suspect here, there might be several of each kind.[3]

It seems to me more and more that the essential point of hysteria is that it results from *perversion* on the part of the seducer,

[1] [At this point we follow the editors of *Anf* in omitting a long passage (two pages of the MS.), only intelligible in the light of Fliess's theory of periodicity.]

[2] [See the double lines in Fig. 8.]

[3] [See footnote 2, p. 321 below.]

and *more and more* that heredity is seduction by the father. Thus an alternation emerges between generations:

1st generation: Perversion.

2nd generation: Hysteria, and consequent sterility. Occasionally there is a metamorphosis within the same individual: perverse during the age of strength and then, after a period of anxiety, hysterical. Accordingly, hysteria is not repudiated sexuality but rather *repudiated perversion*.

Furthermore, behind this lies the idea of abandoned *erotogenic zones*.[1] That is to say, during childhood sexual release would seem to be obtainable from very many parts of the body, which at a later time are only able to release the 28 [-day] anxiety substance and not the others. In this differentiation and limitation [would thus lie] progress in culture, moral as well as individual development.

A hysterical attack is not a discharge but an *action*; and it retains the original characteristic of every action—of being a means to the reproduction of pleasure. (That, at least, is what it is at root; apart from this it puts forward all kinds of other[2] reasons to the preconscious.) Thus patients who have had something sexual done to them in *sleep* have attacks of sleep. They go to sleep again in order to experience the same thing and often provoke a hysterical fainting-fit in that way.

Attacks of giddiness and fits of weeping—all these are aimed at *another person*—but mostly at the prehistoric, unforgettable other person who is never equalled by any one later. Even the chronic symptom of being a slug-abed is explained in the same way. One of my patients still whimpers in his sleep as he used to do—to be taken into bed by his mother, who died when he was 22 months old. Attacks never seem to occur as an 'intensified expression of emotion'.[3]

. . . .

[1] [Apparently the first appearance of this concept. Freud made it public in his *Three Essays on the Theory of Sexuality* (1905*d*), ibid., 7, 167 ff.]

[2] ['*Anderen*' in the MS. Omitted in *Anf.*, 192.]

[3] [In his first paper on the neuro-psychoses of defence (1894*a*), Freud had been inclined to accept this definition of hysteria put forward by Oppenheim (1890). See *Standard Ed.*, 3, 51 and *n*.]

LETTER 55[1]

. . . I am sending you, red-hot, two ideas which occurred to me to-day and which seem to me to be viable. They are based, of course, on analytic findings.

(1) What determines a psychosis (that is to say, amentia or a confusional psychosis—a psychosis of overwhelming, as I called it before[2]) instead of a neurosis seems to be that sexual abuse should occur before the end of the first intellectual stage—i.e. before the psychical apparatus has been completed in its first form (before 15 to 18 months).[3] It is possible that the abuse may date back so far that these experiences may be concealed behind the later ones, and that they may be recurred to from time to time. Epilepsy, I believe, goes back to the same period. . . . I shall have to deal differently with *tic convulsif*, which I used to assign to the same stage. This is how I arrived at this. One of my male hysterical patients . . . sent his eldest sister into a hysterical psychosis which ended in a state of complete confusion. I have now traced his own seducer, a man of genius who, however, had had attacks of the severest dipsomania from his fiftieth year onwards. These attacks regularly started either with diarrhoea or with catarrh and hoarseness (the oral sexual system!)—that is, with the reproduction of his own passive experiences. Now, until he fell ill himself, the man had been a pervert and consequently healthy.[4] The dipsomania arose through the strengthening—or rather through the *substitution* of the one impulse for the associated sexual one. (The same is probably true of the gambling mania of old F.)[5] Now scenes took place between this seducer and my patient, at some of which his little sister, who was less than a year old, was present. My patient had relations with her later on and she became psychotic at puberty. You may gather from this how a neurosis increases to a psychosis in the next generation (this is what people call 'degeneracy') simply because someone of a more tender age is drawn in. Here, by the way, is the heredity of this case [Fig. 10]:

[1] [Dated Vienna, January 11, 1897.]

[2] [Cf. p. 222, n. 2, above. An example of its occurrence is mentioned in the first paper on the neuro-psychoses of defence (1894a), *Standard Ed.*, **3**, 55.]

[3] [Cf. Letter 59, pp. 244–5 below.]

[4] [I.e. not neurotic. See pp. 238–9 above.]

[5] [Cf. some remarks on addictions below, p. 272 and footnote 2.]

Father — Uncle
age 64, healthy

Patient, hysteric

Eldest sister
hyst. psychosis

2nd sister
slightly neurotic
(slightly involved by patient)

3rd, 4th & 5th sisters
completely healthy
(spared by patient)

Uncle
genius, perverse
dipsomaniac from age of 50

Eldest son
dementia in early youth

2nd son
Drinks; still healthy

Daughter, obsessional

Second marriage
Son
Crazy poet

Daughter
hyst. psychosis

small daughter?
young son?

[Fig. 10]

I hope I shall be able to tell you much else of importance about this case, which throws light on three forms of illness.

(2) The perversions regularly lead into zoophilia, and have an animal character. They are explained not by the functioning of erotogenic zones which have later been abandoned, but by the operation of erotogenic *sensations* which lose this force later. In this connection it will be recalled that the principal sense in animals (for sexual as well as other purposes) is that of smell, which has lost that position in human beings. So long as smell (or taste) is dominant, hair, faeces and the whole surface of the body—and blood as well—have a sexually exciting effect. The increase in the sense of smell in hysteria is no doubt connected with this. The fact that the groups of sensations have much to do with psychological stratification seems to follow from their distribution in dreams and no doubt has a direct connection with the mechanism of hysterical anaesthesia.[1]

. . . .

[1] [These ideas are expanded in Letter 75, p. 268 below, where references will be found to later discussions of the subject by Freud.]

LETTER 56[1]

. . . What would you say, by the way, if I told you that the whole of my brand-new primal history of hysteria was already well-known and had been published a hundred times over—several centuries ago? Do you remember how I always said that the mediaeval theory of possession, held by the ecclesiastical courts, was identical with our theory of a foreign body and a splitting of consciousness?[2] But why did the Devil, who took possession of the poor wretches, invariably defile them, and in a revolting manner? Why are their confessions under torture so like the communications made by my patients in psychical treatment? Some time soon I must delve into the literature of the subject. Incidentally, the cruelties make it possible to understand some symptoms of hysteria which have hitherto been obscure. The pins which appear in the most astonishing ways, the needles on account of which the poor things have their breasts cut open but which are invisible by X-rays though they can be found in the story of their seduction . . .

Once more the inquisitors prick with needles, to discover the Devil's stigmata, and in a similar situation the victims invent the same old cruel story (helped perhaps by the seducer's disguises). Thus, not only the victims but the executioners recalled in this their earliest youth.

. . . .

LETTER 57[3]

. . . The idea of bringing in the witches is gaining strength, and I think it hits the mark. Details are beginning to crowd in. Their 'flying' is explained; the broomstick they ride on is probably the great Lord Penis. Their secret gatherings, with dancing and other amusements, can be seen any day in the

[1] [Dated Vienna, January 17, 1897. In this letter and the next one Freud was making a first major incursion into the field of anthropology, and was also further developing (what had started in the last letter) his understanding of the psychological importance of anal material.]

[2] [Freud had already commented on this in his obituary of Charcot (who had himself made frequent references to mediaeval witchcraft). Cf. Freud (1893*f*), *Standard Ed.*, **3**, 20. He returned to the subject in his analysis of 'A Seventeenth Century Demonological Neurosis' (1923*d*), ibid., **19**, 72.]

[3] [Dated Vienna, January 24, 1897.]

streets where children play. I read one day that the gold which the Devil gives his victims regularly turns into faeces; and the next day Herr E.,[1] who describes his old nurse's money-deliria[2] to me, suddenly (by a round-about path *via* Cagliostro—alchemist—*Dukatenscheisser*[3]) said that Louise's money was always faeces. So in the witch stories it is merely being transformed back into the substance from which it arose. If only I knew why the Devil's semen is always described as 'cold' in the witches' confessions! I have ordered a copy of *Malleus Maleficarum* and, now that I have put the final touch to my *Kinderlahmungen*, I shall study it diligently.[4] The story of the Devil, the vocabulary of popular swear-words, the songs and habits of the nursery—all these are now gaining significance for me. Can you without trouble recommend me some good reading from your well-stocked memory? In connection with the dancing in witches' confessions, remember the dance-epidemics in the Middle Ages. E.'s Louise was a dancing witch of that kind, he was first, consistently enough, reminded of her at the ballet: hence his theatre-anxiety.

Alongside of flying and floating on the air are to be put the gymnastic feats of boys in hysterical attacks, etc.

I have an idea shaping in my mind that in the perversions, of which hysteria is the negative,[5] we may have before us a residue of a primaeval sexual cult which, in the Semitic East (Moloch, Astarte), was once, perhaps still is, a religion. . . .

Perverse actions, moreover, are always the same—with a meaning and made on some pattern which it will be possible to understand.

I dream, therefore, of a primaeval Devil religion, whose rites are carried on secretly, and I understand the severe therapy of the witches' judges. The connecting links teem.

[1] [A very long-standing patient of this period (referred to in the Editor's note to 'Analysis Terminable and Interminable' (1937c), *Standard Ed.*, **23**, 215). His 'nurse and first love' (as he called her) was a Frenchwoman named Louise.]

[2] [See footnote 3, p. 273 below.]

[3] [Literally 'shitter of ducats', slang for a wealthy spendthrift. Freud included this (and some of the other points in this letter) in his paper on 'Character and Anal Erotism' (1908b), *Standard Ed.*, **9**, 174.]

[4] [The fifteenth century work 'The Hammer of Evil-doing Women' (by Sprenger and Kraemer) on mediaeval witches. The *Infantile Cerebral Palsies* (1897a) was Freud's last purely neurological work.]

[5] [This parenthetical remark, which is already hinted at above (pp. 239 and 240), is constantly repeated (in the form 'neuroses are the negative of perversions') in Freud's later works. See, for instance, the *Three Essays* (1905d), *Standard Ed.*, **7**, 165.]

Another tributary to the stream is derived from the consideration that there is a class of people who to this very day tell stories like those of the witches and of my patients; they find no belief, though their own belief in them is not to be shaken. As you have guessed, I mean the paranoics, whose complaints that people put faeces in their food, ill-treat them at night in the most abominable way, sexually, etc., are pure content of the memory.[1] As you know, I have distinguished between delusions of memory and interpretative delusions [p. 227, *n.* 2]. The latter are connected with the characteristic indefiniteness concerning the evil-doers, who, of course, are concealed by the defence.

One more detail. In hysterical patients I recognize their father behind their high standards in love, their humility towards their lover or their being unable to marry because their ideals are unfulfilled. The basis for this is, of course, the height from which a father looks down on a child. Compare with this the combination in paranoics of megalomania with fictions of an alienation of parentage.[2] That is the reverse side of the medal.

At the same time, I am becoming less certain about a suspicion I have hitherto been nourishing that the choice of neurosis is determined by the period at which it originates; it seems rather to be fixed in earliest childhood. But the decision seems to keep on oscillating between the period at which it originates and (what I prefer at present) the period at which repression occurs. [Cf. p. 231.]

. . . .

LETTER 59[3]

. . . The point that escaped me in the solution of hysteria lies in the discovery of a new source from which a new element of unconscious production arises. What I have in mind are hysterical phantasies, which regularly, as it seems to me, go back to things heard by children at an early age and only understood later. The age at which they take in information of this kind

[1] [This idea often recurs in Freud's later writings. See, for instance, *The Psychopathology of Everyday Life* (1901*b*), *Standard Ed.*, **6**, 256, where, in an Editor's footnote, a number of other references are given.]

[2] [At this early period Freud seems to have been inclined to restrict these phantasies to paranoics. But before long he extended their field to neurotics in general and found a new name for them 'Family Romances'. See below, pp. 253 and 265, and the paper with that title (1909*c*), *Standard Ed.*, **9**, 238.]

[3] [Dated Vienna, April 6, 1897.]

is very remarkable—from the age of six to seven months onwards! . . .[1]

. . . .

LETTER 60[2]

. . . I had a dream last night which was concerned with you. It was a telegraph message about your whereabouts:

Via
'(Venice) Casa SECERNO'
Villa

The way I have put it shows what seemed obscure and what seemed multiple. 'Secerno' was what was clearest. My feeling about it was annoyance that you had not gone where I had recommended you' to Casa Kirsch.[3]

The dream's motives. The provoking cause: events from the previous day. H. was here and talked about Nuremberg, saying he knew it very well and used to stay at the Preller. I could not recall it at once, but afterwards I asked: 'Outside the town, then?' This conversation stirred up the regret I have felt lately at not knowing where you are stopping and having no news of you. I wanted to have you as my public and to tell you some of what I have been experiencing and finding out in my work. But I did not dare to send my notes out into the unknown, as I should have wanted to ask you to keep them for me as material of value. So it is the fulfilment of a wish if you telegraph your address to me. There are all kinds of things behind the wording of the telegram. the memory of the etymological enjoyment you give me, my mention of 'outside the town' to H., but more serious things as well, which soon occurred to me. 'As though you must always have something special!'[4] says my annoyance. And then that you take no pleasure at all in the Middle Ages.[5] And further, my continued reaction to your dream of defence, which tried to substitute a grandfather for the otherwise current

[1] [Cf. the 'Wolf Man's' observation of his parents' intercourse at the age of one and a half years 1918*b*, *Standard Ed.*, **17**, 121 *n.*]

[2] [Dated Vienna, April 28, 1897. A very much shorter account of this dream is included in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 317.]

[3] [A *pension* in Venice.]

[4] [Perhaps that the *pension* recommended by Freud was not good enough for him.]

[5] [Fliess seems not to have appreciated the mediaeval architecture of Nuremberg.]

father. In that connection, my constantly bothering myself as to how I can give you a hint to find out who it was who called I.F.[1] '*Katzel*' [kitten] when she was a child, as she now calls you. Since I myself am still in doubts about matters concerning fathers, my sensitiveness becomes understandable. Thus the dream collects together all the annoyance with you that is unconsciously present in me.

Moreover, the wording means still more:

Via (streets in Pompeii, which I am studying).
Villa (Böcklin's Roman Villa).

Our talks about travel, then. Secerno[2] sound to me like Salerno: Neapolitan—Sicilian. And behind it your promise of a meeting on Italian soil.

The complete interpretation only occurred to me after a lucky chance this morning brought a fresh confirmation of paternal aetiology. Yesterday I began the treatment of a new case: a young woman whom, for lack of time, I would have preferred to scare off. She had a brother who died insane; and her main symptom (insomnia) first appeared after she had heard the carriage that was taking him to the asylum drive away from the front door. Since then she has suffered from anxiety at driving and a conviction that there would be a carriage accident. Years later, the horses bolted during a drive and she took the opportunity of jumping out of the carriage and breaking her leg. She came to-day and reported that she had thought a lot about the treatment and had discovered an obstacle. 'What was that?'—'I can make myself out as bad as I must, but I must spare other people. You must allow me to name no names.'—'No doubt names are not important. What you mean are your relations to the people. That can certainly not be hushed up.'—'What I mean is that altogether I should have been easier to treat earlier than to-day. Earlier I was unsuspicious, but now the criminal meaning of some things has become clear to me and I cannot make up my mind to talk about them.'—'On the contrary, I think a mature woman becomes more tolerant about sexual matters.'—'Yes, you are right there. When I say to myself that the people who do such things are thoroughly high-minded, I am bound to reflect that it is a disease, a kind of madness, and I must excuse them.'—'Well then, let us speak plainly. In my analyses the guilty people are close relatives, a

[1] [Fliess's wife, Ida.]

[2] [In *The Interpretation of Dreams*, the further point is made that '*Secerno*' is etymologically related to secrecy and seclusion.]

father or a brother.'—'There is no question of a brother.'—'Your father, then.'

And it then turned out that her supposedly otherwise high-minded and respectable father regularly took her to bed when she was from 8 to 12 years old and misused her without penetrating ('made her wet', nocturnal visits). She felt anxiety even at the time. A sister, six years her senior, had told her years afterwards that she had had the same experiences with their father. A cousin told her that when she was fifteen she had had to fend off her grandfather's embraces. Of course, when I told her that similar and worse things must have happened in her earliest childhood, she could not find it incredible. In other ways it is a quite ordinary case of hysteria with the usual symptoms.

Q.E.D.

. . . .

LETTER 61[1]

. . . As you will gather from the enclosure [Draft L], my gains are becoming consolidated. In the first place, I have gained a sure notion of the structure of hysteria. Everything goes back to the reproduction of scenes, some of which can be arrived at directly, but others always by way of phantasies set up in front of them. The phantasies are derived from things that have been *heard* but understood *subsequently* and all their material is, of course, genuine. They are protective structures, sublimations[2] of the facts, embellishments of them, and at the same time serve for self-exoneration. Their precipitating origin is perhaps from masturbation phantasies. A second important piece of insight tells me that the psychical structures which, in hysteria, are affected by repression are not in reality memories—since no one indulges in mnemic activity without a motive—but *impulses*[3] which arise from the primal scenes [see p. 230 above].[4] I realize now that all three neuroses (hysteria, obsessional neurosis and paranoia) exhibit the same elements (along with the same aetiology)—namely, mnemic fragments, *impulses* (derived

[1] [Dated Vienna, May 2, 1897.]

[2] [This term does not seem to appear in its later, psycho-analytic, sense until the 'Dora' case history (1905*e* [1901], *Standard Ed.*, **7**, 50 and the *Three Essays* (1905*d*), ibid., **7**, 178.]

[3] ['*Impulse*.' See footnote 6, p. 254 below.]

[4] [Here there seems to be a hint at a beginning of the 'dynamic' theory of the causation of neuroses (and beyond that of mental processes in general).]

from the memory) and *protective fictions*, but that the break-through into consciousness, the formation of compromises (that is, of symptoms), occurs in them at different points. In hysteria the memories, in obsessional neurosis the perverse impulses, in paranoia the protective fictions (phantasies), are what penetrate into normal life distorted by compromise.

In this I see a great advance in insight. I hope it strikes you in the same way.

. . . .

DRAFT L[1]

[NOTES I]

The Architecture of Hysteria

The aim seems to be to arrive [back] at the primal scenes. In a few cases this is achieved directly, but in others only by a roundabout path, *via* phantasies. For phantasies are psychical façades constructed in order to bar the way to these memories.[2] Phantasies at the same time serve the trend towards refining the memories, towards sublimating them. They are made up from things that are *heard*, and made use of *subsequently*; thus they combine things that have been experienced and things that have been heard, past events (from the history of parents and ancestors) and things that have been seen by oneself. They are related to things heard, as dreams are related to things seen. In dreams, to be sure, we hear nothing, but we see.

The Part Played by Servant-Girls

An immense load of guilt, with self-reproaches (for theft, abortion, etc.), is made possible [for a woman] by identification[3] with these people of low morals, who are so often remem-

[1] [Enclosed in Letter 61 (above), dated May 2, 1897.—Freud was in the habit all through his life of noting down from day to day disconnected thoughts as they occurred to him. Drafts M and N are other examples. And something similar has survived from the very last days of his life (1941*f* [1938], *Standard Ed.*, 23, 299).]

[2] [A much more elaborate version of this account of the function of phantasies is given in Chapter VI, Section I, of *The Interpretation of Dreams* (1900*a*, *Standard Ed.*, 5, 491–3).]

[3] [Cf. an Editor's footnote on Freud's use of this word in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 4, 151 *n*. It had already been used in Letter 58 (not included here) of February 8, 1897, and appears in several later letters of this period, and especially in Letter 125 (p. 280 below).]

bered by her as worthless women connected sexually with her father or brother. And, as a result of the sublimation of these girls in phantasies, most improbable charges against other people are made in these phantasies. Fear of prostitution [i.e. of becoming a prostitute] (fear of being in the street alone), fear of a man hidden under the bed, etc., also point in the direction of servant-girls. There is tragic justice in the fact that the action of the head of the family in stooping to a servant-girl is atoned for by his daughter's self-abasement.

Mushrooms

There was a girl last summer who was afraid to pick a flower or even to pull up a mushroom, because it was against the command of God, who did not wish living seeds to be destroyed. This arose from a memory of religious maxims of her mother's directed against precautions during coitus, because they mean that living seeds are destroyed. 'Sponges' (Paris sponges)[1] were explicitly mentioned among these precautions. The main content of her neurosis was identification with her mother.

Pains

These are not an actual sensation of a fixation, but an intentional repetition of it. The child knocks up against a corner, a piece of furniture, etc., and so makes contact *ad genitalia*, in order to repeat a scene in which what is now the painful spot and was then pressed against the corner led to fixation. [Cf. footnote, p. 125 above.]

Multiplicity of Psychical Personalities

The fact of identification perhaps allows us to take the phrase *literally*.

Wrapping-up

A continuation of the mushroom story. The girl insisted that any objects handed to her must be wrapped up. (Condom.)

Multiple Editions of Phantasies—Do they also Connect back again [to the Original Experience]?

In cases in which a patient *wishes* to be ill and clings to his ailment, this regularly happens because the ailment is regarded as a protective weapon against his own libido—that is, because he mistrusts himself. In this phase the mnemic symptom

[1] [A form of contraceptive. The German word '*Schwämme*' means both 'mushrooms' and 'sponges'.]

becomes a defensive symptom: the two active currents combine. At earlier stages the symptom was a consequence of the libido, a provocative symptom: it may be that between the stages phantasies serve for defence.

It is possible to follow the path, the time and the material of the construction of phantasies. It is then seen closely to resemble the construction of dreams. But there is no regression in the form [of representation] phantasies are given, only progression. Note the relation between dreams, phantasies and reproduction.[1]

Another Wishful Dream

'You will say, I suppose, that this is a wishful dream', said E. [p. 243, *n.* 1]. 'I dreamt that, just as I arrived at my house with a lady, I was arrested by a policeman, who ordered me to get into a carriage. I asked for time to put my affairs in order, and so on.'—'Some more details.'—'It was in the morning, after I had spent the night with this lady.'—'Were you horrified?'—'No.'—'Do you know what you were charged with?'—'Yes. With having killed a child.'—'Has that any connection with reality?'—'I was once responsible for the abortion of a child resulting from a *liaison*. I dislike thinking about it.'—'Well, had nothing happened on the morning before the dream?'—'Yes, I woke up and had intercourse.'—'But you took precautions?'—'Yes. By withdrawing.'—'Then you were afraid you might have procreated a child, and the dream shows you the fulfilment of your wish that nothing happened and that you nipped the child in the bud. You made use of the feeling of anxiety that arises after a coitus of that kind as material for your dream.'[2]

DRAFT M[3]

[NOTES II]

The Architecture of Hysteria

It is probably like this: some of the scenes are accessible

[1] [It will be seen from this that Freud had already arrived at some of the main lines of his theory of dreams.]

[2] [A very much fuller account of this dream (attributed there 'not to a patient, but to an intelligent jurist of my acquaintance') is given in Chapter IV of *The Interpretation of Dreams*, ibid., 4, 155-7.]

[3] [Enclosed in Letter 63, not included here, dated Vienna, May 25, 1897.]

directly, but others only by way of phantasies set up in front of them.[1] The scenes are arranged in the order of increasing resistance: the more slightly repressed ones come to light first, but only incompletely on account of their association with the severely repressed ones. The path taken by [analytic] work first goes down in loops to the scenes or to their neighbourhood; then from a symptom a little deeper down, and then again from a symptom deeper still. Since most of the scenes converge on the few symptoms, our path makes repeated loops through the background thoughts of the same symptoms. [See Fig. 11.]

[Fig. 11[2]]

Repression

It is to be suspected that the essentially repressed element is always what is feminine. This is confirmed by the fact that women as well as men admit more easily to experiences with women than with men. What men essentially repress is the paederastic element.[3]

[1] [Cf. Letter 61, p. 247.]

[2] [The words at the left of this figure, '*Szenen*' and '*Tiefe der Verdrängung*', are omitted from the reproduction in *Anf.* 217 All dotted lines, arrows and numbers are in red in the original as well as the prominent word '*Arbeit*' 'work', and the line before it. The remaining words at the right of the figure are removed in *Anf.* from their present position and included in the text (p. 216)]

[3] [Freud seems here to be inclining towards a 'sexualization of the process of repression', a view which he was already to abandon in Letter 75, p 271 below, and against which he so often argued in his later writings See, in particular the last paragraphs in ' "A Child is being Beaten" ' (1919*e*), *Standard Ed.*, **17**, 200 ff Of the two theories criticized there, the present view seems to resemble that of Adler rather than that of Fliess. See also, however, the end of 'Analysis Terminable and Interminable' (1937*c*), ibid., **23**, 250 ff.]

Phantasies

Phantasies arise from an unconscious combination, in accordance with certain trends, of things experienced and heard. These trends are towards making inaccessible the memory from which the symptoms have emerged or might emerge. Phantasies are constructed by a process of amalgamation and distortion analogous to the decomposition of a chemical body which is compounded with another one. For the first sort of distortion consists in a falsification of memory by a process of fragmentation in which chronological relations in particular are neglected. (Chronological corrections seem precisely to depend on the activity of the system of consciousness.)[1] A fragment of the visual scene is then joined up with a fragment of the auditory one and made into the phantasy, while the fragment left over is linked up with something else. In this way it is made impossible to trace an earlier connection. As a result of the construction of phantasies like this (in periods of excitation) the mnemic symptoms cease. Instead, unconscious fictions are present which are not subjected to defence. If now the intensity of such a phantasy increases to a point at which it would be bound to force its way into consciousness, it is repressed and a symptom is generated through a backward impetus from the phantasy to its constituent memories.

All anxiety symptoms (phobias) are derived in this way from phantasies. Nevertheless, this simplifies symptoms. There may perhaps be a third movement forward and a third method of constructing symptoms derived from constructing impulses.[2]

Kinds of Compromise-Displacement

Displacement by association: hysteria.

Displacement by (conceptual) similarity: obsessional neurosis (characteristic of the place at which the defence occurs, and perhaps also of the time).

Causal displacement: paranoia.

Typical Passage of Events

Good grounds for suspecting that the arousing of the repressed is not left to chance but follows the laws of development.

[1] [This and a passage below (p. 253) seem like early hints at Freud's later theory of the 'timelessness' of the unconscious and of one of the functions of the preconscious system being to give mental events an order in time. See, for instance, Section 5 of the paper on 'The Unconscious', ibid., 14, 187-8.]

[2] ['*Impulsbildung*' in the MS. *Anf.*, 218, has simply '*Impulsen*'.]

Further, that repression proceeds backwards from what is recent, and affects the latest events first.

DIFFERENCE BETWEEN THE PHANTASIES IN HYSTERIA AND PARANOIA

The latter are systematic, all of them in harmony with one another; the former are independent of one another and contradictory—insulated, that is, and, as it were, automatically generated (by a chemical process). This and neglect of the characteristic of time are no doubt essential for the distinction between activity in the preconscious and unconscious. [See footnote 1, p. 252 above.]

REPRESSION IN THE UNCONSCIOUS

It is not sufficient to take into account the repression between the preconscious and the unconscious, we must also consider the normal repression within the system of the unconscious itself. Very important, but still very obscure.

There is the highest hope of our being able to determine the number and kind of phantasies just as we can with scenes. A romance of alienation (cf. paranoia [p. 244 above] is found regularly, and serves as a means of bastardizing the relatives in question. Agoraphobia seems to depend on a romance of prostitution, which itself goes back once more to this family romance. Thus a woman who will not go out by herself is asserting her mother's unfaithfulness.

LETTER 64[1]

. . . Here are a few fragments cast up on the beach at the last tide. I am noting them down for you alone and hope you will keep them for me. I add nothing[2] by way of apology or explanation· I know that they are only premonitions; but something has come of everything of the sort, and I have only had to take back what I tried to elaborate around the system *Pcs.* [Cf. p. 255, *n.* 5.] Another presentiment, too, tells me, as I knew already though in fact I know nothing at all—, that I shall very soon discover the source of morality. . . .

Not long ago I dreamt of having over-affectionate feelings

[1] [Dated Vienna, May 31, 1897.]

[2] ['*Nichts*' in the MS is omitted in *Anf.*, 219.]

towards Mathilde,[1] only she was called Hella and afterwards I again saw 'Hella' before me printed in heavy type. Solution: Hella is the name of an American niece whose picture we have been sent. Mathilde could be called Hella because she has recently wept so much over the Greek defeats.[2] She is enthusiastic about the mythology of ancient Hellas and naturally regards all Hellenes as heroes. The dream of course shows the fulfilment of my wish to catch a father as the originator of neurosis, and so to put an end to my doubts about this which still persist.[3]

Another time I dreamt that I was going up a staircase with very few clothes on. I was moving, as the dream emphasized, with great agility (my heart – reassurance!). Suddenly I noticed, however, that a woman was coming after me and thereupon the experience set in, so common in dreams, of being glued to the spot, of being paralysed. The accompanying feeling was not anxiety but an erotic excitation. So you see how the sensation of paralysis characteristic of sleep was used for the fulfilment of an exhibitionistic wish. Earlier that night I had in fact gone up the staircase from our ground-floor flat – without a collar at any rate – and had thought that one of our neighbours might be on the stairs.[4]

. . . .

DRAFT N[5]

[NOTES III]

IMPULSES[6]

Hostile impulses against parents (a wish that they should die) are also an integral constituent of neuroses. They come to light consciously as obsessional ideas. In paranoia what is worst in

[1] [Freud's eldest daughter, aged 11 at that time.]

[2] [This was the year of the Graeco-Turkish War, in which the Greeks suffered many defeats.]

[3] [His doubts triumphed only a few months later. See below, p. 259 f.]

[4] [This dream is discussed at greater length in *The Interpretation of Dreams*, *Standard Ed.*, **4**, 238–40.]

[5] [Enclosed in Letter 64 (above), dated Vienna, May 31, 1897.]

[6] ['*Impulse*' in the original. '*Impuls*' seems to be used by Freud as a much less common synonym for '*Regung*'. See for instance Lecture XXXII of the *New Introductory Lectures* (1933*a*), *G.W.*, **15**, 105 (*Standard Ed.*, **22**, 98), where the two words are apparently used without distinction. It is perhaps unfortunate, however, that both are rendered 'impulse' in this edition.]

delusions of persecution (pathological distrust of rulers and monarchs) corresponds to these impulses. They are repressed at times when compassion for the parents is active—at times of their illness or death. On such occasions it is a manifestation of mourning to reproach oneself for their death (what is known as melancholia) or to punish oneself in a hysterical fashion (through the medium of the idea of retribution) with the same states [of illness] that they have had. The identification which occurs here is, as we can see, nothing other than a mode of thinking and does not relieve us of the necessity for looking for the motive.[1]

It seems as though this death-wish is directed in sons against their father and in daughters against their mother.[2] A maid-servant makes a transference from this by wishing her mistress to die so that her master can marry her. (Cf. Lisl's dream about Martha and me.)[3]

Relation between Impulses and Phantasies

Memories appear to bifurcate: one part of them is put aside and replaced by phantasies; another, more accessible, part seems to lead directly to impulses. Is it possible that later on impulses can also proceed from phantasies?

Similarly obsessional neurosis and paranoia would proceed *ex aequo* [on equal terms] from hysteria, which would explain the incompatibility between them.[4]

Transposition of Belief

Belief (and doubt) is a phenomenon that belongs wholly to the system of the ego (the *Cs.*) and has no counterpart in the *Ucs.*[5] In the neuroses belief is displaced; it is refused to the

[1] [The mechanism indicated here was elaborated, after a long interval, in 'Mourning and Melancholia' (1917*e*), *Standard Ed.*, **14**, 240.]

[2] [Perhaps Freud's very first hint at the Oedipus complex, which emerged in full in Letter 71 (p. 265 below), some five months later.]

[3] [The dream does not seem to have survived. Lisl was the Freuds' nursery governess.]

[4] [Cf. Letter 46, p. 231 above.]

[5] [What were to become the regular abbreviations, '*Bw*' ('*Bewusst*') and '*Ubw*' ('*Unbewusst*'), are found here for the first time. '*Vbw*' ('*Vorbewusst*' 'preconscious') appears in the accompanying letter (p. 253 above). Freud was using a variety of similar abbreviations at about this time: see Letter 52, p. 234 above. These have been disregarded elsewhere in this translation of the Fliess papers. It will be noticed that all these terms are used here in the 'systematic' sense. Cf. the Editor's Introduction to *The Ego and the Id*, ibid., **19**, 5 ff.]

repressed material if it forces its way to reproduction and—as a punishment, one might say—transposed on to the defending material. Titania, who will not love her rightful husband Oberon, is obliged instead to bestow her love on Bottom, the phantasy ass.

POETRY AND FINE FRENZY[1]

The mechanism of poetry [creative writing] is the same as that of hysterical phantasies. For his *Werther* Goethe combined something he had experienced (his love for Lotte Kastner) and something he had heard (the fate of young Jerusalem who died by his own hand).[2] He was probably toying with the idea of killing himself and found a point of contact in that and identified himself with Jerusalem, to whom he lent a motive from his own love-story. By means of this phantasy he protected himself from the consequences of his experience.

So Shakespeare was right in his juxtaposition of poetry and madness (fine frenzy).

MOTIVES FOR THE CONSTRUCTION OF SYMPTOMS

Remembering is never a motive but only a way, a method. The first motive for the construction of symptoms is, chronologically, libido. Thus symptoms, like dreams, are *the fulfilment of a wish*.[3]

At later stages the defence against libido has made room for itself in the *Ucs* as well. Wish-fulfilment must meet the requirements of this unconscious defence. This happens if the symptom is able to operate as a self-hindrance, whether by way of *punishment* (for an evil impulse) or from mistrust. The motives of *libido* and of *wish-fulfilment as a punishment* then act by summation. Here the general trend towards abreaction and the irruption of the repressed is unmistakable, and to this the other two motives are added. It appears as though at later stages on the one hand complicated psychical[4] structures (impulses, phantasies, motives) are displaced from the memories, and on the other hand *defence*, arising from the *Pcs.* (the ego), would seem to force its way into the unconscious, so that defence too becomes *multilocular*.

The construction of symptoms by identification is linked to phantasies—that is, to their repression in the *Ucs.*—in an ana-

[1] [The last two words are in English in the original.]
[2] [Cf. Draft M, p. 252 above.]
[3] [This is already implied in the *Project* of 1895 (below, p. 340).]
[4] ['*Psychische*' in the MS. Omitted in *Anf.*, 223.]

logous way to the alteration of the ego in paranoia [p. 227]. Since the outbreak of anxiety is linked to these repressed phantasies, we must conclude that the transformation of libido into anxiety does not occur through defence between the ego and the *Ucs.*, but in the *Ucs.* itself. It follows, therefore, that there is *Ucs.* libido as well.

The repression of impulses seems to produce not *anxiety* but perhaps depression—melancholia. In this way the melancholias are related to obsessional neurosis.

DEFINITION OF 'HOLINESS'

'Holiness' is something based on the fact that human beings, for the benefit of the larger community, have sacrificed a portion of their sexual liberty and[1] their liberty to indulge in perversions. The horror of incest (something impious) is based on the fact that, as a result of community of sexual life (even in childhood) the members of a family hold together permanently and become incapable of contact with strangers. Thus incest is antisocial—civilization consists in this progressive renunciation. Contrariwise the 'super-man'.[2]

LETTER 66[3]

. . . I still do not know what has been happening in me. Something from the deepest depths of my own neurosis has ranged itself against any advance in an understanding of the neuroses and you have somehow been involved in it. For my writing-paralysis seems to me designed to hinder our communications. I have no guarantees of this, they are only feelings of a highly obscure nature. Has nothing of the kind happened to you? For the last few days it has seemed to me that an emergence from

[1] [Omitted in *Anf.*, 223.]

[2] [This paragraph contains the germ of much of Freud's later writings on sociology. See, for instance, '"Civilized" Sexual Morality' (1908*d*), ibid., **9**, 186–7 and Chapter VII of *Civilization and its Discontents* (1930*a*). Some comments on the word '*heilig*' will be found in an Editor's footnote to the Third Essay, Part II(D), of *Moses and Monotheism* (1939*a*), ibid., **23**, 120.]

[3] [Dated Vienna, July 7, 1897. This and the next few letters may seem at first sight to be too personal for inclusion here. But, on the contrary, they are of central interest for the history of Freud's scientific ideas, for they relate to his own self-analysis which, like Galileo's telescope, opened the way to a new chapter in human knowledge.]

this obscurity is in preparation. I notice that in the meantime I have made all kinds of advances in my work, and every now and then an idea has once more occurred to me. The hot weather and overwork have no doubt had their share in this.

Well then, I see that defence against the memories does not prevent their giving rise to higher psychical structures, which persist for a while and are then themselves subjected to defence. This, however, is of a most highly specific kind—precisely as in dreams, which contain *in nuce* [in a nutshell] the psychology of the neuroses quite generally. What we are faced with are falsifications of memory and phantasies—these latter relating to the past or future. I know roughly the rules in accordance with which these structures are put together and the reasons why they are stronger than genuine memories, and I have thus learnt fresh things to help in characterizing the processes in the *Ucs.* Alongside of these, perverse impulses arise, and when, as becomes necessary later, these phantasies and impulses are repressed, the higher determinations of the symptoms already following from the memories make their appearance, and fresh motives for retaining the illness. I am learning a few typical cases of the putting together of these phantasies and impulses and a few typical determinants for the emergence of repression against them. This knowledge is not yet complete. My technique is beginning to prefer a particular method as being the natural one.

The most assured thing seems to me to be the explanation of dreams, but it is surrounded by a vast number of obstinate riddles. The organological questions await your solution: I have made no advances there.

There is an interesting dream of wandering about among strangers, totally or half undressed and with feelings of shame and anxiety. Oddly enough, it is the rule that the people do *not* notice it—for which we have to thank wish-fulfilment. This dream-material, which goes back to exhibiting in childhood, has been misunderstood and worked over didactically in a well-known fairy tale. The king's imaginary clothes—'Talisman'.[1] The ego habitually misinterprets other dreams in the same way.[2]

. . . .

[1] [The reference is, of course, to Hans Andersen's *The Emperor's New Clothes*. *Der Talisman* is a dramatized version of it in verse by the German playwright Ludwig Fulda (1862–1939). The whole subject is dealt with at length in Chapter V (D) of *The Interpretation of Dreams*, *Standard Ed.*, **4**, 242 ff.]

[2] [On this, cf. *The Interpretation of Dreams*, **5**, 490 and 500.]

LETTER 67[1]

. . . Things are fermenting in me, but I have finished nothing. I am well satisfied with the psychology. I am tormented with grave doubts about my theory of the neuroses. I am very sluggish in my mind and have not succeeded here in calming the agitation in my head and feelings, that can only happen in Italy.

After having been very cheerful here, I am now enjoying a period of ill-temper. The chief patient I am concerned with is myself. My mild hysteria (very much aggravated by work, however) has been resolved one piece further: but the rest is still at a standstill. It is on that that my mood mainly depends. The analysis is more difficult than any other. It, too, is what paralyses my psychical strength for describing and communicating what I have achieved so far. But I think it must be done, and is a necessary intermediate stage in my work.

. . . .

LETTER 69[2]

. . . I will confide in you at once the great secret that has been slowly dawning on me in the last few months. I no longer believe in my *neurotica* [theory of the neuroses]. This is probably not intelligible without an explanation; after all, you yourself found what I could tell you credible. So I will begin historically from the question of the origin of my reasons for disbelief. The continual disappointments in my attempts at bringing my analysis to a real conclusion, the running away of people who had for a time seemed most in my grasp, the absence of the complete successes on which I had reckoned, the possibility of explaining the partial successes in other ways, on ordinary lines, —this was the first group. Then came surprise at the fact that in every case the father, not excluding my own,[3] had to be blamed as a pervert the realization of the unexpected frequency of hysteria, in which the same determinant is invariably established, though such a widespread extent of perversity towards children is, after all, not very probable. The perversity would have to be immeasurably more frequent than the hysteria, since the illness only arises where there has been an accumulation of events and where a factor that weakens

[1] [Dated Aussee, August 14, 1897.]

[2] [Dated Vienna, September 21, 1897.]

[3] ['*Mein eigener nicht ausgeschlossen*', omitted in *Anf.*, 230.]

defence has supervened.) Then, thirdly, the certain discovery that there are no indications of reality[1] in the unconscious, so that one cannot distinguish between the truth and fiction that is cathected with affect. (Thus, the possibility remained open that sexual phantasy invariably seizes upon the theme of the parents.) Fourthly, the reflection that in the most deep-going psychosis the unconscious memory does not break through, so that the secret of the childhood experiences is not betrayed even in the most confused delirium. If in this way we see that the unconscious never overcomes the resistance of the conscious, then, too, we lose our expectation that in treatment the opposite will happen, to the extent of the unconscious being completely tamed[2] by the conscious.

I was influenced so far by this that I was prepared to give up two things: the complete resolution of a neurosis and the certain knowledge of its aetiology in childhood. I have no idea now where I have got to, since I have not achieved a theoretical understanding of repression and its interplay of forces. It seems to have become once again arguable that it is only later experiences that give the impetus to phantasies, which then hark back to childhood; and with this the factor of a hereditary disposition regains a sphere of influence from which I had made it my task to expel it—in the interest of throwing a flood of light on neurosis.

If I were depressed, confused, or exhausted, doubts of this kind would no doubt have to be interpreted as signs of weakness. Since I am in an opposite state, I must recognize them as the result of honest and forcible intellectual work and must be proud that after going so deep I am still capable of such criticism. Can it be that this doubt merely represents an episode in advance towards further knowledge?

It is remarkable, too, that there has been an absence of any feeling of shame, for which, after all, there might be occasion. Certainly I shall not tell it in Dan or speak of it in Askelon, in the land of the Philistines.[3] But in your eyes and my own I have more of the feeling of a victory than of a defeat—and, after all, that is not right.[4]

. . . .

[1] [For this term, see Part I, Section 15 of the *Project*, p. 325 below.]

[2] [Cf. the *Project*, p. 382, *n.* 2 below.]

[3] [Freud is misquoting II *Samuel* i, 20: 'Tell it not in Gath, publish it not in the streets of Askelon, lest the daughters of the Philistines rejoice, lest the daughters of the uncircumcized triumph.']

[4] [This letter announces for the first time (apart from a hint in Letter 67, p. 259 above) Freud's doubts about his theory of the traumatic

LETTER 70[1]

... [October 3] Very little is still happening to me externally, but internally something most interesting. For the last four days my self-analysis, which I consider indispensable for throwing light upon the whole problem, has proceeded in dreams and has presented me with the most valuable inferences and clues. At some points I have a feeling of being at the end, and so far, too, I have always known where the dream of the next night would take things up. To describe it in writing is more difficult than anything else, and also it would be far too diffuse. I can only say shortly that *der Alte* [my father] played no active part in my case, but that no doubt I drew an inference by analogy from myself on to him; that the 'prime originator' [of my troubles] was a woman, ugly, elderly, but clever, who told me a great deal about God Almighty and Hell and who gave me a high opinion of my own capacities;[2] that later (between the ages of two and two-and-a-half) my libido was stirred up

aetiology of the neuroses, which he had held for at least the previous five years (see his letter to Breuer of June 29, 1892, pp. 147-8 above). In one of his later accounts of his discovery of the mistake (in his *Autobiographical Study* (1925d), *Standard Ed.*, **20**, 34) he remarks that the error 'might well have had fatal consequences for the whole of my work'. It was not for another eight years that he did in fact publish the facts 'in the streets of Askelon' (in the second of the *Three Essays* (1905d), ibid., **7**, 190). This delay may possibly be explained in part by a continuation of Freud's own doubts on the subject. It seems, at all events, that for some months after writing this letter he was far from having completely abandoned the traumatic theory. (See the letter of November 14, 1897, p. 268 ff. (Letter 75) below and the letter of March 10, 1898, p. 274 (Letter 84) below, as well as the discussion of the psychoneuroses in 'Sexuality in the Aetiology of the Neuroses' (1898a), ibid., **3**, 281.) His uncertainty was probably only laid to rest with the full discovery of the dynamic nature of the sexual instinctual impulses present in infancy, and the full realization that phantasies can operate with all the force of real experiences. A full account of the whole subject is given in an Editor's footnote to Lecture XXXIII of the *New Introductory Lectures*, ibid., **22**, 120-1. In the passage to which that footnote is attached, Freud returns to the traumatic aetiology, but in a very much modified form.]

[1] [Dated Vienna, October 3 and 4, 1897.]

[2] [This old nurse is referred to in *The Interpretation of Dreams* (1900a), *Standard Ed.*, **4**, 247-8 and in *The Psychopathology of Everyday Life* (1901b), ibid., **6**, 50-1. But these do not include the account of Freud's reconstruction of her behaviour from his dreams and its verification, which only appears here.]

towards *matrem*, namely on the occasion of a journey with her from Leipzig to Vienna, during which we must have spent the night together and I must have had an opportunity of seeing her *nudam*[1]—you drew the conclusion from this long ago for your own son, as a remark of yours revealed to me—; that I greeted my brother (who was a year my junior and died after a few months) with ill-wishes and genuine childish jealousy, and that his death left the germ of self-reproaches in me. I have also long known the companion in my evil deeds between the ages of one and two. It was my nephew, a year older than myself, who is now living in Manchester and who visited us in Vienna when I was fourteen. The two of us seem occasionally to have behaved in a cruel fashion to my niece, who was a year younger. This nephew and this younger brother have determined what is neurotic, but also what is intense, in all my friendships.[2] You yourself have seen my travel-anxiety in full swing.

I have not yet found out anything about the scenes which underlie the whole business. If they come to light and if I succeed in resolving my own hysteria, I shall be grateful to the memory of the old woman who provided me at such an early age with the means for living and going on living. As you see, my old liking for her is breaking through again. I can give you no idea of the intellectual beauty of the work. . . .

October 4. . . . To-day's dream has produced what follows, under the strangest disguises.

She was my teacher in sexual matters and scolded me for being clumsy and not being able to do anything. (This is always how neurotic impotence comes about, it is thus that fear of incapacity at school obtains its sexual substratum.) At the same time I saw the skull of a small animal and in the dream I thought 'Pig!' But in the analysis I associated it with your wish two years ago that I might find a skull on the Lido to enlighten me, as Goethe once did. But I failed to find one. So I was a little fool.[3] The whole dream was full of the most mortifying

[1] [Freud seems in fact to have been four years old at the time of this journey: see Jones (1953, 14).]

[2] [Freud's relations with his nephew John and his niece Pauline are further explained and discussed in *The Interpretation of Dreams*, ibid., **4**, 198 and 231, and **5**, 423-5 and 483-7, and in the disguised autobiographical episode in 'Screen Memories' (1899*a*), ibid., **3**, 309 ff.]

[3] ['*Ein kleiner Schafskopf*', literally 'a little sheep's-head'. The reference is to the story that Goethe found the skull of a sheep on the Lido which gave him the idea of the so-called 'vertebral' theory of the skull. This story makes its appearance again in *On Dreams* (1901*a*), as an association to another dream (*Standard Ed.*, **5**, 664).]

allusions to my present powerlessness as a therapist. Perhaps this is where an inclination to believe that hysteria is incurable has its start. Besides this, she washed me in reddish water, in which she had previously washed herself. (The interpretation is not difficult; I find nothing like this in the chain of my memories, so I regard it as a genuine ancient discovery.) And she made me carry off '*zehners*' (ten kreuzer pieces [1] and give them to her. There is a long chain from these first silver *zehners* to the heap of paper ten-florin notes which I saw in the dream as Martha's housekeeping money. The dream can be summed up as 'bad treatment'. Just as the old woman got money from me for her bad treatment of me, so to-day I get money for my bad treatment of my patients. A special part was played by Frau Qu., whose remark you reported to me: I ought not to take anything from her as she was the wife of a colleague. (Of course he made it a condition that I should.)

A severe critic might say of all this that it was retrogressively phantasied and not progressively determined. *Experimenta crucis* [crucial experiments] would have to decide against him. The reddish water seems to be one such already. Where do all patients get the frightful perverse details which are often as remote from their experience as from their knowledge?

LETTER 71[2]

. . . My self-analysis is in fact the most essential thing I have at present and it promises to become of the greatest value to me if it reaches its end. In the middle of it, it suddenly ceased for three days and I had the feeling of being tied up inside which patients complain of so much, and I was really inconsolable . . .

It is an uncanny fact that my practice still allows me a great deal of time.

The whole thing is all the more valuable for my purposes since I have succeeded in finding a few real points of reference for the story. I asked my mother whether she still recollected the nurse. 'Of course', she said, 'an elderly person, very clever. She was always taking you to church: when you came back afterwards you used to preach sermons and tell us all about God Almighty. During my confinement when Anna was born,' (she is two and a half years my junior) 'it was discovered that she was a thief, and all the shiny new kreuzers and zehners and all

[1] [Silver coins worth about two-pence at that time]

[2] [Dated Vienna, October 15, 1897.]

the toys that had been given to you were found in her possession. Your brother Philipp [see below] himself went for the policeman and she was given ten months in prison.' Now just see how this confirms the conclusions of my dream-interpretation. I have found a simple explanation of my own possible mistake. I wrote to you that she led me into stealing zehners and giving them to her. The dream really meant that she stole them herself. For the dream-picture was a memory of my taking money from the mother of a doctor—that is, wrongfully. The correct interpretation is: I = she, and the mother of a doctor equals my mother. So far was I from knowing that she was a thief that I made a wrong interpretation.

I also made enquiries about the doctor we had in Freiberg, because a dream showed a great deal of resentment against him. In the analysis of the figure in the dream behind which he was concealed I thought also of a Professor von K., who was my history master at school. He did not seem to fit in at all, as my relations with him were indifferent or, rather, agreeable. My mother then told me that the doctor in my childhood had only one eye, and of all my schoolmasters Professor K. too was the only one with that same defect.[1]

The evidential value of these coincidences might be invalidated by the objection that on some occasion in my later childhood I had heard that the nurse was a thief, and that I had then apparently forgotten it till it finally emerged in the dream. I think myself that that is so. But I have another unexceptionable and amusing piece of evidence. I said to myself that if the old woman disappeared so suddenly, it must be possible to point to the impression this made on me. Where is that impression, then? A scene then occurred to me which, for the last 29 years, has occasionally emerged in my conscious memory without my understanding it. My mother was nowhere to be found; I was screaming my head off. My brother Philipp, twenty years older than me, was holding open a cupboard [*Kasten*] for me, and, when I found that my mother was not inside it either, I began crying still more, till, looking slim and beautiful, she came in by the door. What can this mean? Why was my brother opening the cupboard, though he knew that my mother was not in it, so that this could not pacify me? And then suddenly I understood. I had asked him to do it. When I missed my mother, I had been afraid she had vanished from me just as the old woman had a short time before. Now I must have heard that

[1] [The episode of the one-eyed doctor is mentioned in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 4, 17 and in Lecture XIII of the *Introductory Lectures* (1916–17), ibid., 16, 201.]

the old woman had been locked up and consequently I must have thought that my mother had been too—or rather had been 'boxed up' ['*eingekastelt*'],[1] for my brother Philipp, who is 63 now, is fond to this very day of talking in this punning fashion. The fact that it was to him in particular that I turned proves that I knew quite well of his share in the nurse's disappearance.[2]

Since then I have got much further, but have not yet reached any real stopping point. Communicating what is unfinished is so diffuse and laborious that I hope you will excuse me from it and content yourself with a knowledge of the portions that are established with certainty. If the analysis contains what I expect from it, I will work it over systematically and put it before you afterwards. So far I have found nothing completely new, only complications, to which I am ordinarily[3] accustomed. It is not quite easy. To be completely honest with oneself is good practice. One single thought of general value has been revealed to me. I have found, in my own case too, falling in love with the mother and jealousy of the father, and I now regard it as a universal event of early childhood, even if not so early as in children who have been made hysterical. (Similarly with the romance of parentage in paranoia—heroes, founders of religions.)[4] If that is so, we can understand the riveting power of *Oedipus Rex*, in spite of all the objections raised by reason against its presupposition of destiny; and we can understand why the later 'dramas of destiny' were bound to fail so miserably. Our feelings rise against any arbitrary, individual compulsion [of fate], such as is presupposed in [Grillparzer's] *Die Ahnfrau*, etc. But the Greek legend seizes on a compulsion which everyone recognizes because he feels its existence within himself. Each member of the audience was once, in germ and in phantasy, just such an Oedipus, and each one recoils in horror from the dream-fulfilment here transplanted into reality, with the whole quota of repression which separates his infantile state from his present one.

A fleeting idea has passed through my head of whether the same thing may not lie at the bottom of *Hamlet* as well. I am not thinking of Shakespeare's conscious intention, but I believe

[1] [Literally 'put in a *Kasten* (or cupboard)'.]

[2] [The story of the screen memory about the cupboard was included at greater length in Chapter IV of *The Psychopathology of Everyday Life* (1901*b*), *Standard Ed.*, 6, 49-51. In a footnote added to that passage in 1924 Freud pointed out the womb-symbolism of the cupboard, and pursued the whole analysis further.]

[3] ['*Sonst*' in the MS. '*Bis jetzt*' ('hitherto'), in *Anf.*, 237.]

[4] [See above, pp. 244 and 253.]

rather that here some real event instigated the poet to his representation, in that the unconscious in him understood the unconscious in his hero. How can Hamlet the hysteric justify his words 'Thus conscience does make cowards of us all', how can he explain his hesitation in avenging his father by the murder of his uncle—he, the same man who sends his courtiers to their death without a scruple and who is positively precipitate in killing Laertes? How better could he justify himself than by the torment he suffers from the obscure memory that he himself had meditated the same deed against his father from passion for his mother, and—'use every man after his desert, and who should 'scape whipping?' His conscience is his unconscious sense of guilt. And is not his sexual alienation [p. 194] in his conversation with Ophelia typically hysterical? and his rejection of the instinct[1] which seeks to beget children? and, finally, his transferring the deed from his own father to Ophelia's? And does he not in the end, in the same remarkable way as my hysterical patients, bring down punishment on himself by suffering the same fate as his father of being poisoned by the same rival?[2]

. . . .

LETTER 72[3]

. . . An idea about resistance has enabled me to put straight all those cases of mine which had run into fairly severe difficulties, and to start them off again satisfactorily. Resistance, which finally brings work to a halt, is nothing other than the child's past character, his degenerate character, which (as a result of those experiences which one finds present consciously in what are called degenerate cases) has developed or might have developed, but which is overlaid here by the emergence of repression. I dig it out by my work, it struggles; and what was to begin with such an excellent, honest fellow, becomes low, untruthful or defiant, and a malingerer — till I tell him so and thus make it possible to overcome this character. In this way resistance has become something actual and tangible to me, and

[1] ['*Instinkt*' in the original.]

[2] [This is the first explicit introduction of the Oedipus complex, hinted at above on p. 265. Its first published appearance was in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 260-6. The application of the idea to *Oedipus Rex* and to *Hamlet* is to be found in the same passage.]

[3] [Dated Vienna, October 27, 1897.]

I wish, too, that, instead of the concept of repression, I already had what lies concealed behind it.

This infantile character develops during the period of 'longing', after the child has been withdrawn from the sexual experiences. Longing is the main character-trait of hysteria, just as a current anaesthesia (even though only potential) is its main symptom. During this same period of longing the phantasies are constructed and (invariably?) masturbation is practised, which afterwards yields to repression. If it does not give way, then there is no hysteria; the discharge of sexual excitation removes the possibility of hysteria for the most part. It has become clear to me that various obsessional movements have the meaning of a substitute for the abandoned movements of masturbation. . . .

. . . .

LETTER 73[1]

. . . My analysis proceeds and remains my chief interest. Everything is still obscure, even the problems; but there is a comfortable feeling that one has only to rummage in one's own store-room to find, sooner or later, what one needs. The most disagreeable thing are the moods, which often completely hide reality from one. For someone like me, too, sexual excitation is no longer of use. But I am still cheerful with it all. As regards results, just now there is once more a lull.

Do you think that children's speeches in their sleep count as dreams? If so, I can present you with the very youngest of wishful dreams. Little Anna, aged one and a half. She had to starve one day at Aussee because she was sick in the morning, which was put down to a meal of strawberries. During the following night she called out a whole menu in her sleep. 'Stwawbewwies, wild stwawbewwies, omblet, pudden!' I may have told you this already.[2]

. . . .

[1] [Dated Vienna, October 31, 1897.]

[2] [This is repeated in *The Interpretation of Dreams* (1900*a*), ibid., **4**, 130, in *On Dreams* (1901*a*), ibid., **5**, 643-4 and in Lecture VIII of the *Introductory Lectures* (1916-17), ibid., **15**, 132.]

LETTER 75[1]

. . . 'It was on November 12, 1897. The sun was in the eastern quarter, Mercury and Venus were in conjunction ...' No, announcements of births no longer start like that. It was on November 12, a day dominated by a left-sided migraine, on whose afternoon Martin sat down to write a new poem,[2] on whose evening Oli lost his second tooth,[3] that, after the frightful labour-pains of the last few weeks, I gave birth to a new piece of knowledge. Not entirely new, to tell the truth; it had repeatedly shown itself and withdrawn again;[4] but this time it stayed, and looked upon the light of day. Funnily enough, I have a presentiment of such events a good while beforehand. For instance, I wrote to you once in the summer [Letter 64, p. 253 above] that I was going to find the source of normal sexual repression (morality, shame, etc.) and then for a long time failed to find it. Before the holidays [Letter 67, p. 259 above] I told you that the most important patient for me was myself; and then suddenly, after I came back from the holidays, my self-analysis, of which there was then no sign,[5] started ahead. A few weeks ago [Letter 72, p. 267] came my wish that repression might be replaced by the essential thing lying behind it; and that is what I am concerned with now.

I have often suspected that something organic played a part in repression. I was able once before to tell you that it was a question of the abandonment of former sexual zones [pp. 239 and 241 above] and I was able to add that I had been pleased at coming across a similar idea in Moll. *Privatim* [privately] I concede priority in the idea to no one; in my case the notion was linked to the changed part played by sensations of smell: upright carriage adopted, nose raised from the ground, at the same time a number of formerly interesting sensations attached to the earth becoming repulsive—by a process still unknown to me.

[1] [Dated Vienna, November 14, 1897.]

[2] I was not supposed to know this. It seems that his poetic tonsils have been cut. [This and the following two notes are Freud's own.]

[3] The first one was in fact pulled out on the evening of November 9 by the nurse; it might perhaps have lasted till the tenth. [Martin and Oliver were Freud's eldest and second sons.]

[4] Only tall fellows for Sa Majesté le Roi de Prusse. [The earlier suggestions were rejected as inferior. The Potsdam Guard under Frederick William I (Frederick the Great's father) was recruited wholly from giants.]

[5] [Not strictly correct. See, for instance, Letter 67, of August 14, p. 259.]

(He turns up his nose = he regards himself as something peculiarly noble.) Now, the zones which no longer produce a release of sexuality in normal and mature human beings must be the regions of the anus and of the mouth and throat. This is to be understood in two ways: first, that the appearance and idea of these zones no longer produce an exciting effect, and second, that the internal sensations arising from them furnish no contribution to the libido, in the way in which the sexual organs proper do. In animals these sexual zones continue in force in both respects; if this persists in human beings too, perversion results. We must assume that in infancy the release of sexuality is not yet so much localized as it is later, so that the zones which are later abandoned (and perhaps the whole surface of the body as well) also instigate something that is analogous to the later release of sexuality. The extinction of these initial sexual zones would have a counterpart in the atrophy of certain internal organs in the course of development. A release of sexuality (as you know, I have in mind a kind of secretion which is rightly felt as the internal state of the libido) comes about, then, not only (1) through a peripheral stimulus upon the sexual organs, or (2) through the internal excitations arising from those organs, but also (3) from ideas—that is, from memory traces—therefore also[1] by the path of deferred action. (You are already familiar with this line of thought. If a child's genitals have been irritated by someone, years afterwards the memory of this will produce by deferred action a release of sexuality far stronger than at the time, because the determining apparatus and the quota of secretion have increased in the meantime.) Thus a non-neurotic deferred action may occur normally, and this generates compulsion. (Our other memories operate ordinarily only because they have operated as experiences.) Deferred action of this kind occurs as well in connection with memories of excitations of the *abandoned* sexual zones. The outcome, however, is not a release of libido but of an unpleasure, an internal sensation which is analogous to disgust in the case of an object.

To put it crudely, the current memory stinks just as an actual object stinks; and just as we turn away our sense organ (the head and nose) in disgust, so do our preconsciousness and our conscious sense turn away from the memory. This is *repression*.

What, now, does normal repression furnish us with? Something which, free, can lead to anxiety; if psychically bound, to rejection—that is to say, the affective basis for a multitude of intellectual processes of development, such as morality, shame, etc. Thus the whole of this arises at the expense of extinct

[1] ['*Auch*' in the MS. Omitted in *Anf.*, 247.]

(potential) sexuality. From this we can see that, with the successive waves of a child's development, he is overlaid with piety, shame, and such things, and how the non-occurrence of this extinction of the sexual zones can produce moral insanity[1] as a developmental inhibition. These successive waves of development probably have a different chronological arrangement in the male and female sexes. Disgust appears earlier in little girls than in boys. But the main distinction between the sexes emerges at the time of puberty, when girls are seized upon by a *non-neurotic sexual* repugnance and males by libido. For at that period a further sexual zone is (wholly or in part) extinguished in females which persists in males. I am thinking of the male genital zone, the region of the clitoris, in which during childhood sexual sensitivity is shown to be concentrated in girls as well as boys. Hence the flood of shame which overwhelms the female at that period, till the new, vaginal zone is awakened, whether spontaneously or by reflex action. Hence too, perhaps the anaesthesia of women, the part played by masturbation in children predisposed to hysteria and the discontinuance of masturbation if hysteria results.

And now for the neuroses. Experiences in childhood which merely affect the genitals never produce neurosis in males (or masculine females) but only compulsive masturbation and libido. But since as a rule experiences in childhood have also affected the two other sexual zones, the possibility remains open for males also that libido awakening through deferred action may lead to repression and to neurosis. In so far as memory has lighted upon an experience connected with the genitals, what it produces by deferred action is libido. In so far as [it has lighted upon an experience connected with] the anus, mouth, etc., it produces deferred *internal disgust*, and the final outcome is consequently that a quota of libido is not able, as is ordinarily the case, to force its way through to action or to translation into psychical terms [p. 1[illegible]2], but is obliged to proceed in a *regressive* direction (as happens in dreams). Libido and disgust would seem to be associatively linked. We owe it to the former that the memory cannot lead to general unpleasure, etc., but that it finds a psychical use; and we owe it to the latter that this use furnishes nothing but symptoms instead of purposive ideas. In that case, it ought not to be hard to grasp the psychological side of this; the organic factor in it is whether the surrender of the sexual zones takes place according to the masculine or feminine type of development or whether it takes place at all.

It is probable, then, that the choice of neurosis (the decision

[1] [These two words are in English in the original.]

whether hysteria or obsessional neurosis or paranoia emerges) depends on the nature of the wave of development (that is to say, its chronological placing) which enables repression to occur—i.e. which transforms a source of internal pleasure into one of internal disgust.[1]

This is where I have got to so far—with all the obscurities involved. I have decided, then, henceforth to regard as separate factors what causes libido and what causes anxiety. I have also given up the idea of explaining libido as the masculine factor and repression as the feminine one. [Cf. p. 251 above.] These are, in any case, important decisions. The obscurity lies mainly in the nature of the change by which the internal sensation of need becomes the sensation of disgust. I need not draw your attention to other obscure points. The main value of the synthesis lies in its linking together the neurotic process and the normal one. There is now a crying need, therefore, for a prompt elucidation of common neurasthenic anxiety.

My self-analysis is still interrupted and I have realized the reason. I can only analyse myself with the help of knowledge obtained objectively (like an outsider). Genuine self-analysis is impossible, otherwise there would be no [neurotic] illness. Since I still find some puzzles in my patients, they are bound to hold me up in my self-analysis as well.[2]

. . . .

[1] [This is an early emergence of the problem of 'the reversal of affect under repression', already touched upon on pp. 222 and 235, which crops up again and again in Freud's writings. See, for instance, the 'Dora' case history (1905e), where a number of references will be found, *Standard Ed.*, **7**, 28-9, and the solution offered in *Inhibitions, Symptoms and Anxiety* (1926d), ibid., **20**, 91-2.]

[2] [This letter evidently contains a number of remarkable anticipations of Freud's later views. (1) The connection between repression and the adoption of an upright stance, already hinted at in Letter 55, p. 241 above, appears in the 'Rat Man' analysis (1909d), *Standard Ed.*, **10**, 247-8, in the second contribution to the psychology of love (1912d), ibid., **11**, 189 and in two long footnotes to Chapter IV of *Civilization and its Discontents* (1930a), ibid., **21**, 99 ff. and 105 ff., where the concept of 'organic repression' is discussed at length. (2) Erotogenic zones had been spoken of earlier (Letter 52, p. 239), but the idea of a succession of such zones in childhood, and of a later reaction against them, and in particular the insistence on the change-over in girls from clitoridal to vaginal sexuality—much of this was only fully exploited in the *Three Essays on the Theory of Sexuality* (1905d), *Standard Ed.*, **7**, 220-1. (3) The same is true of the part attributed here to regression in the formation of neuroses. On the other hand the criticism of the traumatic theory expressed in Letter 69 seems largely forgotten in the present letter. (See

LETTER 79[1]

. . . It has dawned on me that masturbation is the one major habit, the 'primal addiction' and that it is only as a substitute and replacement for it that the other addictions—for alcohol, morphine, tobacco, etc.—come into existence.[2] The part played by this addiction in hysteria is quite enormous, and it is perhaps there that my great, still outstanding, obstacle is to be found, wholly or in part. And here, of course, the doubt arises of whether an addiction of this kind is curable, or whether analysis and therapy are brought to a stop at this point and must content themselves with transforming a case of hysteria into one of neurasthenia.[3]

As regards obsessional neurosis the fact is confirmed that the locality at which the repressed breaks through is the *word-presentation* and not the concept attached to it. (More precisely, the word-*memory*.) Hence the most disparate things are readily united as an obsessional idea under a single word with more than one meaning. The trend towards breaking through makes use of an ambiguous word of this kind [with its several meanings] as though it were killing several flies at a blow.[4] Take, for instance, the following case. A girl who was attending a school of needle-work and was near the end of her course was plagued by this obsessional idea: 'No, you mustn't go off, you haven't *finished* yet, you must *make* [*machen*] some more, you must learn a lot more.' Behind this lay a memory of childhood scenes in which she was put on the pot but wanted to get away and was subjected to the same compulsion: 'You mustn't go off, you haven't *finished* yet, you must *do* [*machen*] some more.' The word '*machen*' [meaning both 'make' and 'do'] made it possible to bring to-

Editor's footnote, p. 261 above.) (4) The final paragraph, dealing with the possibility of self-analysis, raised technical problems for future solution. A long account of Freud's views on this will be found in an Editor's footnote to his history of the psycho-analytic movement (1914*d*), ibid., **14**, 20–1.]

[1] [Dated Vienna, December 22, 1897.]

[2] [This idea is touched on in Letter 55 (p. 240 above) and in a paper published very soon after this, 'Sexuality in the Aetiology of the Neuroses' (1898*a*), *Standard Ed.*, **3**, 276, but thereafter it re-appears only after a very long interval, in connection with Dostoevsky's addiction to gambling (1928*b*), ibid., **21**, 193–4.]

[3] [For Freud's later discussions on masturbation see an Editor's footnote to Draft B, p. 180 above.]

[4] [The Grimm fairy tale of the Little Tailor and Seven at a Blow.]

gether the later situation and the infantile one. Obsessional ideas are often clothed in a remarkable *verbal vagueness* in order to permit of this multiple employment. If we take a closer (conscious) look at this example, we find alongside of it the expression 'You must learn more', which later became the fixed obsessional idea, and arose through a mistaken interpretation of this kind on the part of the conscious.[1]

This is not entirely arbitrary. The word '*machen*' has itself passed through an analogous transformation in its meaning. An old phantasy of mine, which I should like to recommend to your linguistic penetration, deals with the derivation of our verbs from originally copro-erotic terms like this.

I can scarcely enumerate for you all the things that I (a modern Midas[2]) turn into excrement. This fits in perfectly with the theory of internal stinking [p. 269 above]. Above all, money itself. I think the association is through the word 'dirty' as a synonym for 'miserly'. In the same way everything to do with birth, miscarriage, menstruation, goes back to the lavatory via the word '*Abort*' ['lavatory'] ('*Abortus*') ['abortion']. This is quite crazy, but it is entirely analogous to the process by which words take on a transferred meaning as soon as new concepts appear which call for denotation. . . .

Have you ever seen a foreign newspaper which has passed the Russian censorship at the frontier? Words, whole clauses and sentences are blacked out so that what is left becomes unintelligible. A *Russian censorship* of this kind comes about in psychoses and produces the apparently meaningless deliria.[3]

. . . .

[1] [Much of this is included in the 'Rat Man' case history (1909*d*). See, in particular, *Standard Ed.*, **10**, 223–4.]

[2] [Whose touch turned everything into gold.]

[3] [The analogy of the censorship, which was to become so prominent later, especially in *The Interpretation of Dreams*, had already been used by Freud in *Studies on Hysteria* (1895*d*), ibid., **2**, 269 and 282, and the second paper on the neuro-psychoses of defence (1896*b*), ibid., **3**, 182–3 and 185.—An extended version of these last sentences (including the Russian analogy) will be found in *The Interpretation of Dreams*, ibid., **5**, 529. The meaning of the German term '*Delirien*' is ambiguous. As with the French '*délire*', the word is often applied in psychiatry to delusions or hallucinations. 'Hysterical deliria' occur frequently in Freud's writings at this period. See in particular the case history of Frau Emmy von N. in *Studies on Hysteria* (1895*d*). In the 'Rat Man' analysis (1909*d*) Freud uses the term 'delirium' in a special sense, which he explains at some length (ibid., **10**, 164 and 222).]

LETTER 84[1]

. . . It was no small feat on your part to see the dream-book lying finished before you.[2] It has come to a halt again and meanwhile the problem has deepened and widened. It seems to me as though the theory of wish-fulfilment has brought only the psychological solution and not the biological, or, rather, metapsychical one. (I am going to ask you seriously, by the way, whether I may use the name of metapsychology for my psychology that leads behind consciousness.)[3] Biologically, dream-life seems to me to derive entirely from the residues of the prehistoric period of life (between the ages of one and three)—the same period which is the source of the unconscious and alone contains the aetiology of all the psychoneuroses, the period normally characterized by an amnesia analogous to hysterical amnesia. This formula suggests itself to me: What is *seen* in the prehistoric period produces dreams; what is *heard* in it produces phantasies; what is *experienced sexually* in it produces the psychoneuroses.[4] The repetition of what was experienced in that period is in itself the fulfilment of a wish; a recent wish only leads to a dream if it can put itself in connection with material from this prehistoric period, if the recent wish is a derivative of a prehistoric one or can get itself adopted by one. It is still an open question how far I shall be able to adhere to this extreme theory and how far I can expose it to view in the dream-book.[5]

. . . .

[1] [Dated Vienna, March 10, 1898.]

[2] [This was a phantasy of Fliess's contained in a letter to which this was Freud's reply. Freud was now chiefly engaged on *The Interpretation of Dreams*, in which Fliess's letter is mentioned (*Standard Ed.*, **4**, 172) as an association to the dream of the 'botanical monograph'.]

[3] [Freud had already used the word in a letter to Fliess two years earlier, on February 13, 1896 (Letter 41, not included here.) It first appeared in print in Chapter XII (C) of *The Psychopathology of Everyday Life* (1901*b*), ibid., **6**, 259, and then not until the paper on 'The Unconscious' (1915*e*), ibid., **14**, 181, after which it came into frequent use.]

[4] [Cf. some earlier remarks on phantasies in Drafts L and M, pp. 248 and 252 above.]

[5] [The latter part of this theory was in fact incorporated into *The Interpretation of Dreams*. See, for instance, a well-known passage in Section C of Chapter VII (*Standard Ed.*, **5**, 560 ff.). It remained an essential element in Freud's theory of the formation of dreams and reappears, for instance, very clearly stated in, 'An Evidential Dream' (1913*a*), ibid., **12**, 273 ff., as well as in Lecture XIV of the *Introductory Lectures* (1916–17), ibid., **15**, 225 ff. It will be noticed that a little

LETTER 97[1]

. . . I have started on a new case, so I am approaching it without any foregone conclusions. To begin with, of course, everything is fitting together beautifully. He is a young man of twenty-five, who can scarcely walk owing to stiffness of the legs, spasms, tremors, etc. A safeguard against any wrong diagnosis is provided by the accompanying anxiety, which makes him cling to his mother's apron-strings, like the baby that lies hidden behind. The death of his brother and the death of his father in a psychosis precipitated the onset of his condition, which has been present since he was fourteen. He feels ashamed in front of anyone who sees him walking in this way and he regards that as natural. His model is a tabetic uncle, with whom he already identified himself at the age of thirteen on account of the accepted aetiology (leading a dissolute life). Incidentally, he is a regular bear in physique.

Please observe that the shame is merely appended to the symptoms and must relate to other precipitating factors. He volunteered himself that his uncle was in fact not the least ashamed of his gait. The connection between his shame and his gait was a rational one many years ago, when he had gonorrhoea which was naturally noticeable in his gait, and even some years earlier, too, when constant (aimless) erections interfered with his walking. Besides this, the cause of his shame lay deeper. He told me that last year, when they were living on the [river] Wien (in the country), which[2] suddenly began to rise, he was seized with a terrible fear that the water would come into his bedroom—that is to say, his room would be flooded, and during the night. Please notice the ambiguity of the expression: I knew he had wetted his bed when he was a child. Five minutes later he told me of his own accord that while he was at school he still regularly wetted his bed and that his mother had threatened that she would come and tell the masters and all the other boys about it. He had felt tremendous anxiety. So that is where the shame belongs. The whole story of his youth on the one hand has its climax in the leg symptoms and on the other hand releases the affect belonging to it, and the two are soldered together only for his internal perception. The whole lost story of his childhood has to be inserted in between them.

earlier in this letter Freud seems still to be accepting the traumatic aetiology of the neuroses. See the Editor's footnote on p. 261 above.]

[1] [Dated Vienna, September 27, 1898.]

[2] [At this point *Anf.*, 284, inexplicably inserts '*Donau*' (Danube).]

Now, a child who has regularly wetted his bed till his seventh year (without being epileptic or anything of the kind) must have had sexual experiences in his earlier childhood. Spontaneous or by seduction? That is the position, and it must also contain the more precise determination in regard to his legs.

. . . .

LETTER 101[1]

. . . In the first place: a small bit of my self-analysis has forced its way through, and confirmed that phantasies are products of later periods and are projected back from the then present on to the earliest childhood, and the manner in which this occurs has also emerged—once more a verbal link.[2]

To the question: 'what happened in earliest childhood?' the answer is 'nothing'. But the germ of a sexual impulse was there. The thing would be easy and nice to tell you; but would take up half-a-dozen pages if I wrote it out, so I keep it for our meeting at Easter with some other information about my early years.

Besides this I have found another psychical element which I regard as of general significance and as being a preliminary stage of symptoms (even before phantasy).

(January 4.) I got tired yesterday, and to-day I cannot go on writing along the lines I intended because the thing is growing. There is something in it. It is dawning. In the next few days there will certainly be some addition to it. I will write to you then, when it has become clear. I will only reveal to you that the dream-pattern is capable of the most general application, that the key to hysteria as well really lies in dreams. I understand now, too, why, in spite of all my efforts, I have not yet finished the dream-book. If I wait a little longer, I shall be able to describe the mental process in dreams in such a way that it also includes the process in the formation of hysterical symptoms. So let us wait.[3]

. . . .

[1] [Dated, Vienna, January 3 and 4, 1899.]

[2] [This new piece of self-analysis is no doubt the concealed autobiographical episode described in the paper on 'Screen Memories' (1899*a*): cf. *Standard Ed.*, 3, 302.]

[3] [Freud had been aware of the close connection between dreams and neuroses for a long time. See the *Project* of 1895, pp. 336 and 34[illegible] below, also Draft N, p. 256 above.]

LETTER 102[1]

. . . Some other things of less importance have turned up—for instance, that hysterical headaches rest on an analogy in phantasy which equates the top with the bottom end of the body (hair in both places—cheeks [*Backen*] and buttocks [*Hinterbacken* (literally, 'hind-cheeks')]—lips [*Lippen*] and *labia* [*Schamlippen* (literally, 'shame-lips')]—mouth = vagina), so that an attack of migraine can be used to represent a forcible defloration, while nevertheless the whole ailment also represents a situation of wish-fulfilment.[2] The determining action of sexuality becomes ever clearer. In one woman patient (whom I have set right with the key of phantasy) there were constant states of despair with a melancholic conviction that she was no use, was incapable of anything, etc. I always thought that in her early childhood she had witnessed an analogous state, a genuine melancholia, in her mother. This was in accordance with the earlier theory but two years brought no confirmation of it. And now it has turned out that when she was a girl of fourteen she discovered that she had *atresia hymenalis* [an imperforate hymen] and was in despair that she would be no use as a wife: melancholia—that is, fear of impotence. Other states, in which she cannot make up her mind to choose a hat or a dress, go back to her struggle at the time when she had to choose her husband.

With another woman patient I have convinced myself that there really is such a thing as hysterical melancholia and what its indications are. I have also noted how the same memory appears in the most numerous translations and I have gained a first glimpse of melancholia occurring through summation. This patient is, moreover, totally anaesthetic, as she should be according to an idea dating back to the earliest period of my work on the neuroses [p. 200 above].

Of a third woman I have had this most interesting information. An important and wealthy man (a bank director), aged about sixty, came to see me and entertained me with the peculiarities of a girl with whom he has a *liaison*. I threw out a guess that she was probably quite anaesthetic. On the contrary, she has from four to six orgasms during one coitus. But at the very first approach she is seized with a tremor and immediately afterwards falls into a pathological sleep; while she is in this she talks as though she was in hypnosis, carries out post-hypnotic suggestions and has complete amnesia for the whole condition.

[1] [Dated Vienna, January 16, 1899.]

[2] [This re-appears in Chapter VI (E) of *The Interpretation of Dreams*, ibid., 5, 387.]

He is going to marry her off, and she will certainly be anaesthetic with her husband. The old gentleman, through the possibility of being identified with the immensely powerful father of her childhood, evidently has the effect of being able to set free the libido attached to her phantasies. Instructive![1]

. . . .

LETTER 105[2]

. . . My last generalization[3] has held good and seems inclined to grow to an unpredictable extent. It is not only dreams that are wish-fulfilments but hysterical attacks as well. This is true of hysterical symptoms but probably of every neurotic event too, for I recognized it long ago of acute delusional insanity.[4] Reality—wish-fulfilment. It is from this pair of opposites that our mental life springs. I believe I now know what determines the distinction between dreams and symptoms, which make their way into waking life. It is enough for a dream to be the wish-fulfilment of the repressed thought, for dreams are kept apart from reality. But a symptom, set in the midst of life, must be something else besides: it must also be the wish-fulfilment of the repressing thought. A symptom arises where the repressed and the repressing thought can come together in the wish-fulfilment. A symptom is the wish-fulfilment of the repressing thought when, for instance, it is a punishment, a self-punishment, the final replacement of self-gratification, of masturbation.

This key opens many doors. Do you know, for instance, why X.Y. suffers from hysterical vomiting? Because in phantasy she is pregnant, because she is so insatiable that she cannot put up with not having a baby by her last phantasy-lover as well. But she must vomit too, because in that case she will be starved and emaciated, and will lose her beauty and no longer be attractive to anyone. Thus the sense of the symptom is a contradictory pair of wish-fulfilments.[5]

Do you know why our friend E.,[6] whom you know, turns red

[1] [These examples show how the traumatic theory was giving way to the importance of phantasies. (Cf. footnote, p. 261 above.)]

[2] [Dated Vienna, February 19, 1899.]

[3] [See Letter 101, p. 276 above.]

[4] [In Section III of the first paper on the neuro-psychoses of defence (1894a), ibid., 3, 58 ff.]

[5] [The last two paragraphs are taken over, only slightly enlarged, into Chapter VII (C) of *The Interpretation of Dreams*, ibid., 5, 569-70.]

[6] [See footnote 1, p. 243 above.]

and sweats as soon as he sees one of a particular category of acquaintances, especially at the theatre? He is ashamed. No doubt; but of what? Of a phantasy in which he figures as the deflowerer of every person he meets. He sweats as he deflowers, he works very hard at it. An echo of this meaning finds voice in him, like the resentment of someone defeated, every time he feels ashamed in front of someone: 'Now the silly goose thinks I am ashamed in front of her. If I had her in bed, she would see how little embarrassment I feel with her!' And the time at which he directed his wishes on to this phantasy has left its trace on the psychical complex which releases the symptom. It was the Latin class. The auditorium of the theatre reminds him of the class-room; he always tries to get the same regular seat in the front row. The *entr'acte* is the school 'break' and the 'sweating' meant '*operam dare*' [working] in those days. He had a dispute with the master over that phrase. Moreover, he cannot get over the fact that later, at the University, he failed to pass in botany; he carries on with it now as a 'deflorator'. It is true that he owes his capacity for breaking into a sweat to his childhood—to the time when (at the age of three) his brother poured bath-water and soapsuds over his face when he was in the bath—a trauma, though not a sexual one. And why was it that at Interlaken, when he was fourteen, he masturbated in such a remarkable attitude in the W.C.? It was only to get a view of the Jungfrau [literally, 'maiden']; and since then he has never had a sight of another—at all events *ad genitalia*. He has avoided this intentionally, to be sure, or why else does he have affairs only with actresses?

. . . .

LETTER 125[1]

. . . Not long ago I had what may have been a first glimpse of something new. I have before me the problem of 'choice of neurosis'. When does a person become hysterical instead of paranoic? A first crude attempt, made at a time when I was trying to storm the citadel by force, put forward the view that it depended on the age at which the sexual traumas occurred.—on the subject's age at the time of the experience. [Cf. p. 229 ff.] I gave that up long ago and was left without a clue till a few days ago, when a link with the theory of sexuality dawned on me.

[1] [Dated Vienna, December 9, 1899.]

The first page (written in pencil) of Freud's manuscript of the *Project*

EDITOR'S INTRODUCTION

[ENTWURF EINER PSYCHOLOGIE]

(*a*) German Edition:

1950 In *Aus den Anfängen der Psychoanalyse* [From the Beginnings of Psycho-Analysis], edited by Marie Bonaparte, Anna Freud and Ernst Kris, 371–466. London: Imago Publishing Co.

(*b*) English Translation:

[*Project for a Scientific Psychology*]

1954 In *The Origins of Psycho-Analysis*, edited as above, 347–445. London: Imago Publishing Co.; New York: Basic Books. (Tr. James Strachey.)

The present translation, also by James Strachey, is a completely revised one, edited in accordance with the original manuscript. The German title ('Sketch of a Psychology') was chosen by the editors of the *Anfänge*; the English title was chosen by the translator. The original carries no title.

(1) *Historical Summary*

In a letter written to Wilhelm Fliess[1] on April 27, 1895 (Freud, 1950*a*, Letter 23), Freud complained because he was so much involved in his 'Psychology for Neurologists'. 'I am positively devoured by it, till I am really overworked and have to break off. I have never experienced such a powerful preoccupation. And will anything come of it? I hope so, but it is a difficult and slow business.' In another letter a month later, May 25, 1895 (Letter 24), this 'Psychology' was further explained: 'It has beckoned to me from afar since time immemorial, but now that I have met with the neuroses it has come that much the nearer. I am vexed by two intentions: to discover what form the theory of psychical functioning will take if a quantitative line of approach, a kind of economics of nervous force, is introduced into it, and, secondly, to extract from psychopathology a yield for normal psychology. It is in fact impossible to form a satisfactory general view of neuro-psychotic disorders unless they

[1] See p. 175 above.

can be linked to clear hypotheses upon normal psychical processes. I have devoted every free minute of the last few weeks to work like this, I have spent the night hours from eleven till two with imaginings, transpositions and guesses like these, and I have never stopped till I came up against some absurdity or till I had truly and seriously overworked, so that I found I had no interest left for my daily medical activity. You will have to wait a long time yet for any results.' Yet soon he became more optimistic: on June 12 (Letter 25) he could report that the 'psychological construction looks as though it would succeed, which would give me immense pleasure. Of course nothing certain can be said as yet. To make an announcement on this now would be like sending the six-months' foetus of a girl to a ball.' And on August 6 (Letter 26) he announced that 'after long reflection, I believe I have reached an understanding of pathological defence and at the same time of many important psychological processes.' Almost at once, however, there came a further hitch. On August 16 (Letter 27) he wrote: 'I have had a queer experience with my *φψω*.[1] No sooner had I made my alarming announcement and called for your congratulations after climbing a secondary peak, than I met with fresh difficulties and found I had not enough breath left for the new task. So I quickly made up my mind, threw down the whole alphabet and persuaded myself that I took no interest in it whatever.' And later in the same letter: 'The "Psychology" is really a cross to me. Anyhow, skittles and mushroom-hunting are far healthier. After all, I wanted to do no more than explain defence, but I was led from that into explaining something from the centre of nature. I have had to work through the problem of quality, sleep, memory—in fact, the whole of psychology. Now I want to hear no more about it.'

Soon after this, on September 4, Ernest Jones tells us (1953, 418), Freud visited Fliess in Berlin. Conversations with his friend evidently helped to clear his thoughts, for the composition of the *Project* followed at once upon this visit. Literally, at once, for 'while I was still in the railway-carriage', wrote Freud on September 23 (Letter 28) 'I began a summary account of my *φψω* for your criticism.' And this in fact constitutes the first few pencilled sheets of the *Project* as we possess it to-day. He went on to describe how he had since been adding to what he had written. 'It makes a portly volume already, no more than a scribble, of course, but, as I hope, a basis for your additions to which I attach great expectation. My rested brain now

[1] As will be seen later, these and several other alphabetical symbols were employed by Freud in his *Project*.

makes child's play of the difficulties that were left over.' It was on October 8 that Freud sent Fliess what he had so far completed, in two notebooks (Letter 29). 'They have been scribbled out entirely since my return and will tell you little that is new. I have held back a third notebook which deals with the psychopathology of repression, because it only takes the subject up to a certain point. From there I have had to carry the work on afresh in sketches, and I have been alternately proud and happy about it and ashamed and wretched, until now, after an excess of mental torment, I tell myself apathetically that it does not fit together yet and perhaps never will. What I cannot fit together is not the mechanism of it—I would be patient over that—but the explanation of repression, though clinical knowledge about it has, incidentally, made great advances.' A week later, October 15 (Letter 31), the subject is once more thrown aside as unsolved, but on October 20 (Letter 32) there is an outburst of much greater optimism. 'In the course of a busy night . . . the barriers were suddenly raised, the veils fell away, and it was possible to see through from the details of the neuroses to the determinants of consciousness. Everything seemed to fit in together, the gears were in mesh, the thing gave one the impression that it was really a machine and would soon run of itself. The three systems of neurones, the free and bound conditions of quantity, the primary and secondary processes, the main trend and the compromise trend of the nervous system, the two biological rules of attention and defence, the indications of quality, reality and thought, the state of the psycho-sexual groups, the sexual determination of repression, and, finally, the determinants of consciousness as a perceptual function—all this fitted together and still fits together! Of course I cannot contain myself with delight.'[1] But the cheerful spell lasted only a short time. On November 8 (Letter 35) he reported having thrown the whole of the psychology manuscripts into a drawer 'where they must sleep till 1896'. He had felt overworked, irritated, confused, and incapable of mastering the stuff, so he had put it all aside and turned to other matters. And on November 29 (Letter 36) he wrote: 'I can no longer understand the state of mind in which I hatched out the "Psychology"; I cannot make out how I came to inflict it on you.' Nevertheless, only a month later he sent Fliess the long letter of January 1, 1896 (Letter 39), which consists in the main of an elaborate revision of some of the fundamental positions adopted in the *Project*. This will be found printed below as an appendix to the *Project* itself. And with this

[1] The *Project* itself will make plain the meaning of these various captions.

the *Project* disappears from view till its re-emergence some fifty years later with the rest of Freud's forgotten letters to Fliess. Only the ideas contained in it persisted, and eventually blossomed out into the theories of psycho-analysis.

(2) *The Text and its Translation*

As is shown in the bibliography above (p. 283), the first published version of the German text of the work, included in *Aus den Anfangen der Psychoanalyse*, appeared in London in 1950, and an English translation four years later. Some doubt was thrown on the accuracy of the published German version, and it was clear that, before a revised translation was made, the first thing was to establish a secure German text. This was achieved through the kindness of Mr. Ernst Freud, who arranged for the preparation of a photostat of the manuscript, which the editor could examine at leisure.[1]

Examination of the manuscript quickly confirmed the presence of many divergences from the printed version. The translator was thus faced with a position differing from what he had to meet in the bulk of Freud's writings. Elsewhere, a reader who is doubtful or suspicious about the accuracy of the rendering can almost always consult a reliable German text. Here, unluckily, no such printed text is available; nor can one become available unless a facsimile of the original manuscript is produced. So the translator inevitably bears a special and unrelieved responsibility, for the reader is entirely at his mercy, and his treatment of the text must be adapted to this situation. His judgement must be governed by two considerations: he must aim at producing something that will be intelligible and readable and in a tolerable English style, and he must aim at rendering what he believes to be the author's meaning with as much exactitude as possible. These two aims may often be in conflict, but in the case of so difficult and so important a work as this, and in the circumstances that have just been mentioned, his translation must be weighted more than ever on the side of accuracy.

Freud's handwriting is not in the present instance particularly hard to decipher by anyone familiar with the Gothic

[1] The manuscript of the *Project* consists of 100 sheets—80 small ones, measuring 10 × 8 inches and 20 large ones, measuring 14 × 10 inches, approximately. The large sheets begin with the beginning of 'Part III' (p. 360). The first four and a half small sheets, containing the first two sections, are evidently those written (in pencil) in the train (p. 284 above).

script, and there are not in fact many debatable points in the text itself. It was almost literally true of Freud that (as Ben Jonson says of Shakespeare) 'he never blotted a line', and page after page of his writing is completely free from alteration: here, in some forty thousand words of the closest reasoning, there are altogether just over a score of corrections. Thus it is not in connection with textual matters that problems and questions arise—though it will be seen that there were a number of accidental omissions and misreadings in the printed text—but rather in connection with the interpretation of Freud's expressions and with the best way of presenting them to the reader.

To begin with the simpler points. Freud was not a meticulously careful writer, and a certain number of obvious slips occur. These are silently corrected in our version, except where the mistake is a doubtful one or of special importance. Freud's punctuation is unsystematic (a comma may be omitted or a bracket opened and not closed) and in any case often differs from English usage. This is even more true of his paragraphing, which, moreover, is not always easily assessed. In our version, therefore, we have not thought it necessary to follow the original invariably in either of these points. On the other hand, we have adhered strictly to his very characteristic and very un-English method of underlining: Freud underlines any word or phrase or sentence which strikes him as specially important.[1] Another of his methods of emphasis—by writing a word or phrase in Latin instead of Gothic script—we have thought it unnecessary to note. In most of these respects, incidentally, our treatment agrees with that in the *Anfänge*.

But the main problem raised by Freud's manuscript is his use of abbreviations. These are of various kinds. They reach their maximum in the first four and a half pages—the portion which he wrote in pencil in the train. This is no less clearly written than the rest, perhaps even more clearly. But not only are individual words abbreviated, as often elsewhere, but the sentences themselves are framed in telegraphic style: definite and indefinite articles omitted, sentences without any principal verb. Here, for instance, is a literal translation of the first sentence of the work: 'Intention to furnish natural-scientific psych., i.e. to represent psych. processes as quantit. determinate states of specifiable material particles, thus to make perspicuous and free from contradiction.' Where the sense is not in doubt, the sensible plan is obviously to fill in the gaps, indicating with square brackets only the less certain completions of the meaning.

[1] In a very few places, always notified in a footnote, we have added italics of our own for the sake of clarity.

After these first four and a half pages there is a complete change: the abbreviations thereafter are almost entirely restricted to individual words.

Here again, however, there are distinctions to be made. (*a*) First, there are, of course, abbreviations universally used: for instance, '*usw*', for '*und so weiter*' ('etc') and '*u*' for '*und*' ('and'). (*b*) Then there are others, regularly used by Freud in his writing, such as shortening the terminations in '*ung*' and '*ungen*' to '*g*' and '*gen*': '*Besetzg*' for '*Besetzung*' ('cathexis'). (*c*) Next come abbreviations of particular terms used very frequently in the work or in certain passages of it. Typical of these is '*Cschr*', which stands for '*Contactschranke*' ('contact-barrier'). This word is written out in full on its first appearance, but abbreviated ever afterwards. Similarly, with such frequent terms as '*Qualz*', which stands for '*Qualitätszeichen*' ('indication of quality'). In all these kinds of abbreviation there is evidently no point in annoying the reader by imitating them in the translation: there is never any doubt as to what Freud meant by them. (*d*) We now reach what are beginning to approach symbols rather than abbreviations, the alphabetical signs of which Freud was always fond: for instance, '*N*' for '*Neuron*' ('neurone'), '*W*' for '*Wahrnehmung*' ('perception'), '*V*' for '*Vorstellung*' ('idea'). Along with these may be classed '*Er*', his very common abbreviation for '*Erinnerung*' ('memory'). All of these are used by Freud with great frequency, though from time to time (and inconsistently), he will write the words out in full. Since here again there is no doubt about the meaning, we uniformly adopt the unabbreviated form.[1] (*e*) But there remains a fifth class to which this does not apply. The Greek letters ϕ, ψ and ω (*phi*, *psi* and *ómega*) are used by Freud in this work as shorthand signs for quite complex notions duly explained when they are introduced; and these are accordingly left unchanged in our translation.

Here is a plausible theory about ω and its relation to *W*. Freud had started with two 'systems' of neurones, which, for fairly obvious reasons, he named ϕ and ψ. He then found that

[1] A qualification is called for here in the case of '*W*' and '*Er*'. It will be found that these sometimes stand respectively for '*Wahrnehmungsbild*' ('perceptual image') and '*Erinnerungsbild*' ('mnemic image') instead of for '*Wahrnehmung*' and '*Erinnerung*'. The only way of deciding for certain on the correct expanded version depends on the fact that the longer terms are of neuter gender whereas the shorter ones are feminine. There is usually an article or an adjective to make the decision possible; but this is one of those cases in which the reader must depend on the editor's judgement, and it is also one in which differences sometimes arise between the present version and the *Anfänge*.

he required a symbol for a third system of neurones, concerned with perceptions. Now, on the one hand, another Greek letter would be appropriate—like the other two, perhaps, from the end of the Greek alphabet. On the other hand, some allusion to perception was desirable. As we have seen, a capital '*W*' stands for 'perception' ('*Wahrnehmung*') and the Greek *omega* looks very much like a small 'w'. So he chose '*ω*' for the perceptual system. The joke, or at all events half of it, disappears in English; but nevertheless it seemed best to keep here to the '*ω*' rather than adopt the '*pcpt*', which is the name given to the system in all the later volumes of the *Standard Edition*. The distinction between '*W*' and '*ω*' is quite unmistakable in Freud's manuscript; but it is perhaps the most serious defect in the *Anfänge* that it very often fails to observe it, sometimes with unfortunate results to the meaning.

Last of all among these alphabetic signs come *Q* and its mysterious companion *Qἠ*. Both of them undoubtedly stand for 'quantity'. But why this difference between them? and, above all, why the Greek *eta* with the smooth breathing? There is no question that the difference is a real one, though Freud nowhere explicitly announces it or explains it. There is a place (on p. 320) where he began by writing '*Qἠ*' and then scratched out the '*ἠ*', and there is another passage (p. 363) where he speaks of 'a quantity composed of *Q* and *Qἠ*'. But in fact, only a page before these words (p. 362), he does seem to explain the difference himself. *Q*, so he seems to say, is 'external quantity' and *Qἠ* 'psychical quantity'—though the wording is not totally unambiguous. It must be added that Freud himself sometimes seems inconsistent in his use of the signs, and very often indeed he uses the word '*Quantität*' written out in full or slightly abbreviated. Evidently the reader must be left to find his own solution for this enigma, and we therefore scrupulously follow the manuscript in printing '*Q*' or '*Qἠ*' or 'quantity'.

In general, indeed, as we have said, we keep as close as possible to the original: wherever we diverge in important respects, and whenever we are in serious doubts, we register the fact either by square brackets or by a footnote. It is here that we differ fundamentally from the editors of the *Anfänge*, who make all their changes without any indication whatever. In view of this fact, we have thought it necessary, where our version diverges substantially from that in the *Anfänge*, to adduce the German original in a footnote. Minor inaccuracies, such as the frequent mistakes over *Q* and *Qἠ*, have been passed over in silence; but, even so, the necessity for correcting the numerous errors in the printed German version has involved

us in a plethora of footnotes. Many readers will no doubt be irritated by this, but it will enable those who possess the German edition to bring it more closely into line with Freud's original manuscript. The unusual circumstances may thus justify our apparent pedantry.

(3) *The Significance of the Work*

Has it been worth while to take such elaborate measures over the text of the *Project*? Freud himself would very probably have said 'no'. He dashed it off in two or three weeks, left it unfinished, and criticized it severely at the time of writing it. Later in life he seems to have forgotten it or at least never to have referred to it. And when in his old age he was presented with it afresh, he did his best to destroy it.[1] Can it, then, be of any value?

There are grounds for thinking that its author took a jaundiced view of it, and its value can be defended along two very different lines.

Anyone who examines the bibliographical indexes to the later volumes of the *Standard Edition* will be surprised to find in every single one of them references, and often very many references, back to the Fliess letters and to the *Project*. And, as a corollary, he will find in the footnotes to the pages that follow very many references forward to the later volumes of the *Standard Edition*. This circumstance is an expression of the remarkable truth that the *Project*, in spite of being ostensibly a neurological document, contains within itself the nucleus of a great part of Freud's later psychological theories. In this respect its discovery was not only of historical interest; it actually threw light for the first time on some of the more obscure of Freud's fundamental hypotheses. The help given by the *Project* towards an understanding of the theoretical seventh chapter of *The Interpretation of Dreams* is discussed in some detail in the Editor's Introduction to that work (*Standard Ed.*, **4**, xv ff.). But in fact the *Project*, or rather its invisible ghost, haunts the whole series of Freud's theoretical writings to the very end.[2]

[1] For an account of this see Chapter XIII of the first volume of Jones's biography (1953, 316–18).

[2] The curious student may follow this lengthy trail more particularly through the letters to Fliess of January 1 and December 6, 1896 (pp. 388 below and 233 above), Chapter VII of *The Interpretation of Dreams* (1900*a*), 'The Two Principles of Mental Functioning' (1911*b*), the meta-

The fact that there are many evident lines of connection between the *Project* and Freud's later views must not, however, lead us to overlook the basic differences between them.

In the first place, it will be immediately obvious that there is very little indeed in these pages to anticipate the technical procedures of psycho-analysis. Free association, the interpretation of unconscious material, the transference – these are barely hinted at. Only in the passages on dreams is there any anticipation of later clinical developments. Clinical material is indeed largely restricted to Part II, which deals with psychopathology. Parts I and III are in the main built up on theoretical and *a priori* foundations. In this connection a further contrast is apparent. Whereas in the largely disconnected clinical portion (Part II) sexuality figures very prominently, in the theoretical portions (Part I and III) it plays only a small part. Actually, at the very time at which Freud was composing the *Project*, his clinical researches into the neuroses were chiefly focused on sexuality. It may be recalled that on the very same day (January 1, 1896) on which he sent Fliess his long letter revising some of the theoretical foundations of the *Project* (p. 388 below), he also sent him the 'Christmas Fairy Tale' (p. 220), which was a preliminary study for his second paper on the neuro-psychoses of defence (1896*b*) and centred round the effects of sexual experiences. This uncomfortable divorce between the clinical and theoretical significance of sexuality was only to be resolved a year or two later by Freud's self-analysis, which led to his recognition of infantile sexuality and to the basic importance of unconscious instinctual impulses.

This brings us to another major difference between Freud's theories in the *Project* and his later ones. All the emphasis in the picture here is upon the environment's impact upon the organism and the organism's reaction to it. It is true that, in addition to external stimuli, there are endogenous excitations; but their nature is hardly considered. The 'instincts' are only shadowy entities, with scarcely even a name. The interest in the endogenous excitations is restricted in the main to 'defensive' operations and their mechanisms. It is a curious fact that what was later to be the almost omnipotent 'pleasure principle' is here regarded solely as an inhibiting mechanism. Indeed, even in *The Interpretation of Dreams*, published four years later, it is still always called the 'unpleasure principle'. Internal forces are

psychological papers of 1915, *Beyond the Pleasure Principle* (1920*g*), *The Ego and the Id* (1923*b*), the 'Mystic Writing-Pad' (1925*a*), and, finally, the *Outline of Psycho-Analysis* (1940*a* [1938]).

scarcely more than secondary reactions to external ones. The id, in fact, is still to be discovered.[1]

Bearing this in mind, we can perhaps arrive at a more general view of the development of Freud's theories. What we have in the *Project* is a pre-id—a 'defensive'—description of the mind. With the recognition of infantile sexuality and the analysis of the sexual instincts Freud's interests were diverted from defence and for some twenty years he devoted himself largely to the study of the id. It was only when that study seemed more or less exhausted that he returned, in the last period of his work, to a consideration of defence. It has often been pointed out that it is in the *Project* that we can find a foretaste of the structural ego which emerges in *The Ego and the Id*. But this is quite naturally so. There were bound to be similarities between a pre-id and a post-id picture of psychological processes.

Reflection upon these aspects of the *Project* is likely to suggest another possible source of interest in the work—one which is remote from psycho-analysis and which cannot be dealt with adequately here. Freud's attempted approach seventy years ago to a description of mental phenomena in physiological terms might well seem to bear a resemblance to certain modern approaches to the same problem.[2] It has been suggested latterly that the human nervous system may be regarded in its workings as similar to or even identical with an electronic computer—both of them machines for the reception, storage, processing and output of information. It has been plausibly pointed out that in the complexities of the 'neuronal' events described here by Freud, and the principles governing them, we may see more than a hint or two at the hypotheses of information theory and cybernetics in their application to the nervous system. To take a few instances of this similarity of approach, we may note first Freud's insistence on the prime necessity for providing the machine with a 'memory'; again, there is his system of 'contact-barriers', which enables the machine to make a suitable 'choice', based on the memory of previous events, between alternative lines of response to an external stimulus; and, once more, there is, in Freud's account of the mechanism of perception, the introduction of the fundamental notion of feed-back as a means

[1] The general account of the workings of the mind in Chapter VII (B) of *The Interpretation of Dreams* still shows much resemblance to the *Project*, especially in its stress on the mind as a *receiving* apparatus: 'all our principal activity starts from stimuli (whether internal or external) and ends in innervations' (*Standard Ed.*, 5, 537).

[2] Cf., in particular, the very elaborate and detailed examination, along such lines, of the earlier edition of the *Project* by Pribram (1962).

of correcting errors in the machine's own dealings with the environment.

Such resemblances, and others, if they were confirmed, would no doubt be fresh evidence of the originality and fertility of Freud's ideas, and it may be an alluring possibility to see him as a precursor of latter-day behaviourism. At the same time there is a risk that enthusiasm may lead to a distortion of Freud's use of terms and may read into his sometimes obscure remarks modern interpretations that they will not bear.[1] And after all we must remember that Freud himself ultimately threw over the whole neurological framework. Nor is it hard to guess why. For he found that his neuronal machinery had no means of accounting for what, in *The Ego and the Id* (1923*b*, *Standard Ed.*, **19**, 18), he described as being 'in the last resort our one beacon-light in the darkness of depth-psychology'—namely, 'the property of being conscious or not'. In his last work, the posthumous *Outline of Psycho-Analysis* (1940*a* [1938], ibid., **23**, 157), he declared that the starting-point of the investigation into the structure of the psychical apparatus 'is provided by a fact without parallel, which defies all explanation or description—the fact of consciousness', and he adds this footnote: 'One extreme line of thought, exemplified in the American doctrine of behaviourism, thinks it possible to construct a psychology which disregards this fundamental fact!' It would be perverse indeed to seek to impute a similar disregard to Freud himself. The *Project* must remain a torso, disavowed by its creator.

The editor has had the advantage of discussing some parts of the translation with Professor Merton M. Gill, of the State University of New York, and of adopting a number of his valuable suggestions. It must not be supposed, however, that he is in any way responsible for the final text or commentary.

[1] See some comments in Appendix C, p. 393 below, on a supposed reference to electricity in the *Project*.

KEY TO ABBREVIATIONS IN THE *PROJECT*

Q = Quantity (in general, or of the order of magnitude in the external world)—See p. 362

$Q\eta$ = Quantity (of the intercellular order of magnitude)—See p. 306

ϕ = system of permeable neurones

ψ = system of impermeable neurones

ω = system of perceptual neurones

W = perception (*Wahrnehmung*)

V = idea (*Vorstellung*)

M = motor image

PROJECT FOR A SCIENTIFIC PSYCHOLOGY

[PART I]

GENERAL SCHEME

Introduction

THE intention is to furnish a psychology that shall be a natural science: that is, to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction. Two principal ideas are involved: [1] What distinguishes activity from rest is to be regarded as *Q*,[1] subject to the general laws of motion. (2) The neurones[2] are to be taken as the material particles.

N and *Qή*. Similar experiments are now frequent.[3]

[*1*] (*a*) *First Principal Theorem*

The Quantitative Conception

This is derived directly from pathological clinical observation especially where excessively intense ideas were concerned—in hysteria and obsessions, in which, as we shall see, the quantitative characteristic emerges more plainly than in the normal.[4] Processes such as stimulus, substitution, conversion and discharge, which had to be described there [in connection with

[1] [In a footnote to his contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 193 *n.*, Breuer remarks that 'the conception of the energy of the central nervous system as being a quantity distributed over the brain in a changing and fluctuating manner is an old one'. He goes on to quote from the early nineteenth century French physician, Georges Cabanis (1824, **3**, 153). A discussion of *Q* will be found in Appendix C, p. 392 below.]

[2] [The term 'neurone', as a description of the ultimate unit of the nervous system, had been introduced by W. Waldeyer in 1891. Freud's own histological researches had led him towards the same finding. See especially Freud (1884*f*), and a note on this in *Standard Ed.*, **3**, 230 *n.*]

[3] [Cf., for instance, Exner (1894), with a similar title and a similar programme, very differently carried out.]

[4] ['Excessively intense ideas' are discussed in Section 1 of Part II, p. 347 below.]

those disorders], directly suggested the conception of neuronal excitation as quantity in a state of flow. It seemed legitimate to attempt to generalize what was recognized there. Starting from this consideration, it was possible to lay down a basic principle of neuronal activity in relation to *Q*, which promised to be highly enlightening, since it appeared to comprise the entire function. This is the principle of neuronal inertia: that neurones tend to divest themselves of *Q*. On this basis the structure and development as well as the functions [of neurones] are to be understood.[1]

In the first place, the principle of *inertia* explains the structural dichotomy [of neurones] into motor and sensory as a contrivance for neutralizing the reception of $Q\eta$ by giving it off. Reflex movement is now intelligible as an established form of this giving-off: the principle provides the motive for reflex movement. If we go further back from here, we can in the first instance link the nervous system,[2] as inheritor of the general irritability of protoplasm, with the irritable external surface [of an organism], which is interrupted by considerable stretches of non-irritable surface. A primary nervous system makes use of this $Q\eta$ which it has thus acquired, by giving it off through a connecting path to the muscular mechanisms, and in that way keeps itself free from stimulus. This discharge represents the primary function of the nervous system. Here is room for the development of a secondary function. For among the paths of discharge those are preferred and retained which involve a cessation of the stimulus: *flight from the stimulus*. Here in general there is a proportion between the *Q* of excitation and the effort necessary for the flight from the stimulus, so that the principle of *inertia* is not upset by this.

The principle of inertia is, however, broken through from the first owing to another circumstance. With an [increasing]

[1] [In the extended form described below (p. 297), this is what was later known as the 'principle of constancy' and attributed by Freud to Fechner. This is by no means Freud's first mention of it. A discussion of its significance and of its many occurrences throughout Freud's writings will be found in an Editor's Appendix to the first paper on the neuro-psychoses of defence (1894a), *Standard Ed.*, 3, [illegible]. It has been suggested that the concept may be equated with that of homoeostasis.]

[2] [Here and elsewhere this stands for 'Nsy' in the MS. It seems on the whole probable that Freud was using this as an abbreviation for the ordinary '*Nervensystem*' and not for '*Neuronensystem*' (as expanded in *Anf.*, passim). The former is in fact written out in full in the MS. on pp. 314 and 324 below.]

complexity of the interior [of the organism], the nervous system receives stimuli from the somatic element itself—endogenous stimuli—which have equally to be discharged. These have their origin in the cells of the body and give rise to the major needs: hunger, respiration, sexuality.[1] From these the organism cannot withdraw as it does from external stimuli; it cannot employ their Q for flight from the stimulus. They only cease subject to particular conditions, which must be realized in the external world. (Cf., for instance, the need for nourishment.) In order to accomplish such an action (which deserves to be named 'specific'[2]), an effort is required which is independent of endogenous $Q\dot{\eta}$ and in general greater, since the individual is being subjected to conditions which may be described as *the exigencies of life*.[3] In consequence, the nervous system is obliged to abandon its original trend to inertia (that is, to bringing the level [of $Q\dot{\eta}$] to zero). It must put up with [maintaining] a store of $Q\dot{\eta}$ sufficient to meet the demand for a specific action. Nevertheless, the manner in which it does this shows that the same trend persists, modified into an endeavour at least to keep the $Q\dot{\eta}$ as low as possible and to guard against any increase of it—that is, to keep it constant.[4] All the functions of the nervous system can be comprised either under the aspect of the primary function or of the secondary one imposed by the exigencies of life.

[2] [b] *Second Principal Theorem*

The Neurone Theory

The idea of combining with this $Q\dot{\eta}$ theory the knowledge of the neurones arrived at by recent histology is the second pillar of this thesis. The main substance of these new discoveries is

[1] [These 'endogenous stimuli' are thus the precursors of the 'instincts'. Cf. the Editor's Note to 'Instincts and their Vicissitudes', *Standard Ed.*, **14**, 114 ff. See also below, p. 316.]

[2] [The 'specific' action reappears, under other names, in (for instance) 'Repression' (1915*d*), ibid., **14**, 147 and in *Civilization and its Discontents* (1930*a*), ibid., **21**, 67. But it had been mentioned earlier than this in Part III of the first paper on anxiety neurosis (1895*b*), ibid., **3**, 108 (where it was termed 'the specific or adequate action') and earlier still in Draft E, p. 192 above ('the specific reaction').]

[3] [This phrase, too, occurs regularly in other works, e.g. in *The Interpretation of Dreams* (1900*a*), ibid., **5**, 565, though Freud later preferred the Greek word '*Ananke*'. Cf. *Civilization and its Discontents* (1930*a*), ibid., **21**, 139.]

[4] [See footnote 1, p. 296 above.]

that the nervous system consists of distinct and similarly constructed neurones, which have contact with one another through the medium of a foreign substance, which terminate upon one another as they do upon portions of foreign tissue, [and] in which certain lines of conduction are laid down in so far as they [the neurones] receive [excitations] through cell-processes [dendrites] and [give them off][1] through an axis-cylinder [axon]. They have in addition numerous ramifications of varying calibre.

If we combine this account of the neurones with the conception of the $Q\dot{\eta}$ theory, we arrive at the idea of a *cathected* neurone filled with a certain $Q\dot{\eta}$ while at other times it may be empty.[2] The principle of inertia [p. 296] finds its expression in the hypothesis of a *current* passing from the cell's paths of conduction or processes [dendrites] to the axis-cylinder. A single neurone is thus a model of the whole nervous system with its dichotomy of structure, the axis-cylinder being the organ of discharge. The secondary function [of the nervous system], however, which calls for the accumulation of $Q\dot{\eta}$ [p. 297], is made possible by the assumption of resistances which oppose discharge; and the structure of neurones makes it probable that the resistances are all to be located in the *contacts* [between one neurone and another], which in this way assume the value of *barriers*. The hypothesis of *contact-barriers* is fruitful in many directions.[3]

[3] *The Contact-Barriers*

The first justification for this hypothesis arises from the consideration that there the path of conduction passes through undifferentiated protoplasm instead of (as it otherwise does, within the neurone) through differentiated protoplasm, which is probably better adapted for conduction. This gives us a hint that conductive capacity is to be linked with differentiation, so that we may expect to find that the process of conduction itself will create a differentiation in the protoplasm and

[1] [The MS. has '*abnehmen* (take off)', probably a slip of the pen and emended in *Anf.*, 382, to '*abgeben* (give off)'.]

[2] [The notion of 'cathexis' ('*Besetzung*') had been used by Freud already, but not much earlier, in *Studies on Hysteria* (1895*d*), ibid., **2**, 89. A full discussion of its use is given in the Editor's Appendix referred to in footnote 1 on p. 296 above, ibid., **3**, 63.]

[3] [The term 'synapse' was not introduced in this sense (by Foster and Sherrington) till 1897, two years after Freud wrote this. — After this point the MS. ceases to be written in pencil, and the abbreviations become far less drastic (see above, p. 288).]

consequently an improved conductive capacity for subsequent conduction.

Furthermore, the theory of contact-barriers can be turned to advantage as follows. A main characteristic of nervous tissue is memory: that is, quite generally, a capacity for being permanently altered by single occurrences—which offers such a striking contrast to the behaviour of a material that permits the passage of a wave-movement and thereafter returns to its former condition. A psychological theory deserving any consideration must furnish an explanation of 'memory'. Now any such explanation comes up against the difficulty that it must assume on the one hand that neurones are permanently different after an excitation from what they were before, while nevertheless it cannot be disputed that, in general, fresh excitations meet with the same conditions of reception as did the earlier ones. It would seem, therefore, that neurones must be both influenced and also unaltered, unprejudiced. We cannot off-hand imagine an apparatus capable of such complicated functioning; the situation is accordingly saved by attributing the characteristic of being permanently influenced by excitation to one class of neurones, and, on the other hand, the unalterability—the characteristic of being fresh for new excitations—to another class.[1] Thus has arisen the current distinction between 'perceptual cells' and 'mnemic cells'—a distinction, however, which fits into no other context and cannot itself appeal to anything in its support.

The theory of contact-barriers, if it adopts this solution, can express it in the following terms. There are two classes of neurones. [1] those which allow $Q\eta$ to pass through as though they had no contact-barriers and which, accordingly, after each passage of excitation are in the same state as before, and (2) those whose contact-barriers make themselves felt, so that they only allow $Q\eta$ to pass through with difficulty or partially. The latter class may, after each excitation, be in a different state from before and they thus afford a *possibility of representing memory*.

Thus there are *permeable* neurones (offering no resistance and

[1] [The incompatibility between the functions of perception and memory had been remarked on by Breuer in a footnote to his theoretical contribution to *Studies on Hysteria* (1895*d*), ibid., 2, 188-9 *n*. Freud returned to the subject in his letter to Fliess of December 6, 1896 (p. 234 above). He dealt with it often in his published writings: in Chapter VII (B) of *The Interpretation of Dreams* (1900*a*), ibid., 5, 538 ff., and again much later in Chapter IV of *Beyond the Pleasure Principle* (1920*g*), ibid., 18, 25 and in his paper on the 'Mystic Writing-Pad' (1925*a*), ibid., 19, 228.]

retaining nothing), which serve for perception, and *impermeable* ones (loaded with resistance, and holding back $Q\dot{\eta}$), which are the vehicles of memory and so probably of psychical processes in general. Henceforward I shall call the former system of neurones[1] ϕ and the latter ψ.

It will be well now to clear our mind as to what assumptions about the ψ neurones are necessary in order to cover the most general characteristics of memory. This is the argument. They are permanently altered by the passage of an excitation. If we introduce the theory of contact-barriers: their contact-barriers are brought into a permanently altered state. And since psych[ological] knowledge shows that there is such a thing as a re-learning[2] on the basis of memory, this alteration must consist in the contact-barriers becoming more capable of conduction,[3] less impermeable, and so more like those of the ϕ system. We shall describe this state of the contact-barriers as their degree of *facilitation* [*Bahnung*].[4] We can then say: *Memory is represented by the facilitations existing between the ψ neurones*.

If we were to suppose that all the ψ contact-barriers were equally well facilitated, or (what is the same thing) offered equal resistance, then the characteristics of memory would evidently not emerge. For, in relation to the passage of an excitation, memory is evidently one of the powers which determine and direct its pathway, and, if facilitation were everywhere equal, it would not be possible to see why one pathway should be preferred. We can therefore say still more correctly that *memory is represented by the differences in the facilitations between the ψ neurones.*

What, then, does the *facilitation* in the ψ neurones depend on? According to psych[ological] knowledge, the memory of an experience (that is, its continuing operative power) depends on a factor which is called the magnitude of the impression and on the frequency with which the same impression is repeated. Translated into theory: Facilitation depends on the $Q\dot{\eta}$ which passes through the neurone in the excitatory process and on the number of repetitions of the process. From this we see, then, that $Q\dot{\eta}$ is the operative factor and that *quantity* plus *facilitation*

[1] ['*System von Neuronen*' in the MS., not 'Ψ'. Cf. p. 296, *n.* 2.]

[2] ['*Ein Über Lernen*.' Cf. below, pp. 335 and 379.]

[3] ['*Leitungsfähiger*' in the MS. *Anf.*, 384, prints this as '*leistungsfähiger*' (more efficient).]

[4] [The word 'facilitation' as a rendering of the German '*Bahnung*' seems to have been introduced by Sherrington a few years after the *Project* was written. The German word, however, was already in use (cf. p. 361, *n.* 1).]

resulting from $Q\dot{\eta}$ are at the same time something that can replace $Q\dot{\eta}$.[1]

Here we are almost involuntarily reminded of the endeavour of the nervous system, maintained through every modification, to avoid being burdened by $Q\dot{\eta}$ or to keep the burden as small as possible. Under the compulsion of the exigencies of life, the nervous system was obliged to lay up a store of $Q\dot{\eta}$ [p. 297]. This necessitated an increase in the number of its neurones and these had to be impermeable. It now avoids, partly at least, being *filled* with $Q\dot{\eta}$ (cathexis), by setting up *facilitations*. It will be seen, then, that *facilitations serve the primary function* [of the nervous system].

The necessity for finding a place for memory calls for something further from the theory of contact-barriers. Every ψ neurone must in general be presumed to have several paths of connection with other neurones—that is, several contact-barriers. On this, indeed, depends the possibility of the *choice* that is determined by facilitation [p. 300]. It now becomes quite clear that the state of facilitation of one contact-barrier must be independent of that of all the other contact-barriers of the same ψ neurone, otherwise there would once again be no preference and thus no motive. From this we can draw a negative conclusion about the nature of the '*facilitated*' state. If we think of a neurone filled with $Q\dot{\eta}$—that is, cathected—we can only assume that this Q [*sic*] is uniform over all the regions of the neurone, and therefore over all its contact-barriers as well. On the other hand, there is no difficulty in imagining that, in the case of $Q\dot{\eta}$ in a state of flow, only one particular path through the neurone is taken; so that only one contact-barrier is subject to the action of the $Q\dot{\eta}$ in flow and has facilitation left over from it afterwards. Therefore facilitation cannot have its basis in a cathexis that is held back, for that would not produce the differences in the facilitations of the contact-barriers of the same neurone.[2]

It remains to be seen in what else facilitation consists. A first idea might be: in the absorption of $Q\dot{\eta}$ by the contact-barriers. Perhaps light will be thrown on this later. [Cf. p. 316 f.] The $Q\dot{\eta}$ which has left the facilitation behind is no doubt discharged—precisely as a result of the facilitation, which, indeed, increases permeability.[3] Moreover, it is not necessarily the case that the facilitation which remains after a passage of $Q\dot{\eta}$ is as great as it had to be during the passage. [See p. 31[illegible].] Possibly only a

[1] [This point is developed further below on p. 3[illegible]9.]

[2] [Since, see above, the quantity is uniform over the whole neurone.]

[3] [Cf. the first paragraph of this section.]

quotient of it is left as a *permanent facilitation*. Similarly it is also impossible to tell yet whether the passage of $Q\dot{\eta}$ 3 once is equivalent to the passage of one $Q\dot{\eta}$ 3 times.[1] All this remains to be considered in the light of later applications of the theory to the psychical facts.

[4] *The Biological Standpoint*

The hypothesis of there being two systems of neurones, ϕ and ψ, of which ϕ consists of permeable elements and ψ of impermeable, seems to provide an explanation of this one of the peculiarities of the nervous system[2]—that of retaining and yet of remaining capable of receiving [p. 299]. All psychical acquisition would in that case consist in the organization of the ψ system through partial and locally determined lifting of the resistance in the contact-barriers which distinguishes ϕ and ψ. With the advance of this organization the nervous system's capacity for fresh reception would literally have reached a barrier.

Anyone, however, who is engaged scientifically in the construction of hypotheses will only begin to take his theories seriously if they can be fitted into our knowledge from more than one direction and if the arbitrariness of a *constructio ad hoc*[3] can be mitigated in relation to them. It will be objected against our hypothesis of contact-barriers that it assumes two classes of neurones with a fundamental difference in their conditions of functioning, though there is at the moment no other basis for the differentiation. At all events, morphologically (that is, histologically) nothing is known in support of the distinction.

Where else are we to look for this division into classes? If possible in the biological development of the nervous system, which, in the eyes of natural scientists, is, like everything else, something that has come about gradually. We should like to know whether the two classes of neurones can have had a different significance biologically, and, if so, by what mechanism they may have developed characteristics so different as permeability and impermeability. What would be most satisfactory, of course, would be if the mechanism we are in search of should itself arise out of the primitive biological part played [by the two classes]; if so, we should have a single answer to both questions.

[1] [This last question is answered on p. 321 below.]

[2] [The MS. reads '*des N.s.*' (singular), not '*der*' (plural), as implied by *Anf.*, 387.]

[3] [Translator's italics.]

Let us recall, then, that from the first the nervous system had two functions: the reception of stimuli *from outside* and the discharge of excitations of *endogenous* origin [p. 297]. It was from this latter obligation, indeed, that, owing to the exigencies of life, a compulsion came about towards further biological development [p. 301]. We might then conjecture that it might actually be our systems ϕ and ψ each of which had assumed one of these primary obligations. The system ϕ would be the group of neurones which the external stimuli reach, the system ψ would contain the neurones which receive the endogenous excitations. In that case we should not have *invented* the two [classes], ϕ and ψ, we should have *found* them already in existence.[1] It still remains to identify them with something known to us. In fact we know from anatomy a system of neurones (the grey matter of the spinal cord) which is alone in contact with the external world, and a superimposed system (the grey matter of the brain) which has no peripheral connections but to which the development of the nervous system and the psychical functions are attached. The primary brain fits pretty well with our characterization of the system ψ, if we may assume that paths lead directly, and independently of ϕ, from the brain to the interior of the body. Now, the derivation and original biological significance of the primary brain, are not known to anatomists; according to our theory, it would, to put it plainly, be a *sympathetic ganglion*. Here is a first possibility of testing our theory upon factual material.[2]

We will provisionally regard the ψ system as identified with the grey matter of the brain. It will now easily be understood from our introductory biological remarks [p. 301] that it is precisely ψ that is subjected to further development through an increase in the number of neurones and an accumulation of Q. And it will now be realized how expedient it is that ψ should consist of impermeable neurones, since otherwise it would be unable to meet the requirements of the specific action [p. 297]. But how did ψ arrive at the characteristic of impermeability? After all, ϕ too has contact-barriers; if *they* play no part whatever, why should ψ's contact-barriers? To assume that there is an ultimate difference between the valence of the contact-barriers of ϕ and of ψ has once more an unfortunate tinge of arbitrariness [cf. p. 301], though it would be possible to follow a Darwinian line of thought and to appeal to the fact of impermeable neurones being indispensable and to their surviving in consequence.

[1] ['*Erfunden*' and '*vorgefunden*'.]

[2] [A second such possibility is mentioned below, p. 305.]

Another way out seems more fruitful and more modest. Let us recall that the contact-barriers of the ψ neurones too are in the end subjected to facilitation and that it is $Q\dot{\eta}$ that facilitates them [p. 300]. The greater the $Q\dot{\eta}$ in the passage of excitations the greater the facilitation: that means, however, the closer the approach to the characteristics of φ neurones [p. 300]. Let us therefore attribute the differences not to the neurones but to the quantities with which they have to deal. It must then be supposed that quantities pass on to the φ neurones against which the resistance of the contact-barriers does not come into account, but that only such quantities reach the ψ neurones as are of the same order of magnitude as that resistance.[1] In that case a φ neurone would become impermeable and a ψ neurone would become permeable if we could exchange their locality and connections; they retain their characteristics, however, because the φ neurone is linked only with the periphery and the ψ neurone only with the interior of the body. A difference in their essence is replaced by a difference in the environment to which they are destined.

Now, however, we must examine our assumption—whether we may say that the quantities of stimulus reaching the neurones from the external periphery are of a higher order than those from the internal periphery of the body. There is in fact much that speaks in favour of this.

In the first place there is no question but that the external world is the origin of all major quantities of energy, since, according to the discoveries of physics, it consists of powerful masses which are in violent motion and which transmit their motion. The system φ, which is turned towards this external world, will have the task of discharging as rapidly as possible the $Q\dot{\eta}$s penetrating to the neurones, but it will in any case be exposed to the effect of major *Q*s.

To the best of our knowledge, the system ψ is out of contact with the external world; it only receives *Q* on the one hand from the φ neurones themselves, and on the other from the cellular elements in the interior of the body, and it is a question now of making it probable that these quantities of stimulus are of a comparatively low order of magnitude. We may be disturbed at first by the fact of having to attribute to the ψ neurones two such different sources of stimulus as φ and the cells of the interior of the body; but it is precisely here that we receive conclusive assistance from the recent histology of the nervous system. This shows that the *termination* of a neurone and

[1] [I.e. as the resistance of the contact-barriers. Cf. p. 306.]

the *connection* between neurones are constructed on the same type, and that neurones terminate on one another as they do on somatic elements [cf. p. 298]; probably, too, the functional side of the two processes is of the same kind. It is likely that similar quantities are dealt with at the nerve-endings and in the case of intercellular conduction. We may also expect that *endogenous* stimuli are of this same *intercellular* order of magnitude.[1] Incidentally, we have here a second opportunity for testing the theory [p. 303].[2]

[5] *The Problem of Quantity*

I know nothing about the absolute magnitude of intercellular stimuli; but I will venture on the assumption that they are of a comparatively small order of magnitude and of the same order as the resistances of the contact-barriers. This, if it is so, is easily understandable. With this assumption, the essential sameness of the ϕ and ψ neurones is saved, and their difference in respect of permeability is explained biologically and mechanically.[3]

Here there is a lack of evidence; all the more interesting are certain perspectives and conceptions which arise from this assumption. In the first place, if we have formed a correct impression of the magnitude of the *Q*s in the external world, we shall ask ourselves whether, after all, the original trend of the nervous system to keep *Qή* at [the level of] zero [pp. 296 and

[1] [This was re-stated by Freud in *Beyond the Pleasure Principle* (1920*g*), ibid., 18, 29. The whole of Chapter IV of that work seems to look back to this section of the *Project*.]

[2] [The whole question of the special characteristics of that portion of the mental apparatus which is in contact with the external world continued to interest Freud throughout his life. But the most elaborate of his later discussions of the question is once more in *Beyond the Pleasure Principle* (1920*g*), ibid., 18, 26, where the treatment verges on the physiological and is distinctly reminiscent of the present passage. The topic is, of course, closely related to that of reality-testing, which is reached in Section 15, p. 324 below.]

[3] ['*Und mechanisch*' in the MS. These last two words are omitted in *Anf.*, 391.—It is worth noticing that all through the present work Freud groups the explanations of the phenomena he is studying under two headings 'mechanical' and 'biological'. The distinction has already appeared above on p. 3[illegible]. It is discussed on p. 322 below, and is exemplified later, for instance, on pp. 3[illegible]0-62. By 'mechanical' (for which he sometimes uses 'automatic' as a synonym) he means that the phenomenon in question is determined directly by contemporary physical events; by 'biological' he means that it is determined genetically—by its survival value for the species.]

297] is satisfied with rapid discharge—whether it is not already at work during the reception of stimuli. We discover, in fact, that the ϕ neurones do not terminate at the periphery freely [i.e. without coverings] but in cellular structures which receive the exogenous stimulus in their stead. These 'nerve-ending apparatuses', [using the term] in the most general sense, might well have it as their purpose not to allow exogenous *Q*s to make an undiminished effect upon ϕ but to damp them down.[1] They would then have the significance of *Q*-screens, through which only *quotients* of exogenous *Q*s will pass.

This accordingly tallies with the fact that the other kind of nerve-ending, the *free* ones, without end-organs, are by far the more common in the internal periphery of the body. No *Q*-screens seem to be needed there, probably because the *Qή*s which have to be received there do not require to be reduced first to the intercellular level, but are at that level from the start.

Since the *Q*s which are received by the endings of the ϕ neurones can be calculated, this perhaps gives us a means of forming some idea of the magnitudes that pass between ψ neurones, these being, as we know, of the same kind as the resistances of the contact-barriers [p. 304].

Here, furthermore, we have a glimpse of a trend which may perhaps govern the construction of the nervous system out of several systems: an ever-increasing keeping-off of *Qή* from the neurones. Thus the structure of the nervous system would serve the purpose of *keeping off Qή* from the neurones and its function would serve the purpose of *discharging* it.

[6] *Pain*[2]

All contrivances of a biological nature have limits to their efficiency, beyond which they fail. This failure is manifested in phenomena which border on the pathological—which might be described as normal prototypes of the pathological. We have found that the nervous system is contrived in such a way that the major external *Q*s are kept off from ϕ and still more from ψ [by][3] the nerve-ending screens, [and by] the merely indirect

[1] [This precise point is once more made in *Beyond the Pleasure Principle*, ibid., 18, 28.]

[2] [Not long before, perhaps early in January, 1895, Freud had given another, and somewhat cryptic, explanation of pain. See Draft G (p. 205 above).]

[3] [This clause, which is much abbreviated in the MS., is filled in in *Anf.*, 388, by the words '*dienen diesem Zweck*' ('serve this purpose').]

connection between ψ and the external world. Is there a phenomenon which can be brought to coincide with the failure of these contrivances? Such, I think, is *pain*.

Everything that we know of pain fits in with this. The nervous system has the most decided inclination to a *flight from pain*. We see in this a manifestation of the primary trend against a raising of $Q\eta$ tension, and we infer that pain consists in *the irruption of large Qs into* ψ.[1] The two trends are in that case a single one. Pain sets the ϕ as well as the ψ system in motion, there is no obstacle to its conduction, it is the most imperative of all processes. Thus the ψ neurones seem permeable to it, it therefore consists in the action of *Q*s of a comparatively high order.

The precipitating causes of pain are on the one hand increase of quantity, every sensory excitation, even of the highest sense-organs, tends towards pain with an increase of the stimulus. This is to be understood unhesitatingly as a failure [of the contrivance]. On the other hand, there is pain where the external quantity is small, and in such cases this is regularly linked with a breach in continuity[2]: that is, an external *Q* which acts directly on the ends of the ϕ neurones and not through the nerve-ending apparatuses produces pain. *Pain* is thus characterized as an irruption of excessively large *Q*s into ϕ and ψ: that is, of *Q*s which are of a still higher order than the ϕ stimuli.

The fact that pain passes along all pathways of discharge is easily understandable. On our theory that *Q* produces facilitation [p. 300], pain no doubt leaves permanent facilitations behind in ψ—as though there had been a stroke of lightning—facilitations which possibly do away with the resistance of the contact-barrier entirely and establish a pathway of conduction there such as there are in ϕ.[3]

[7] *The Problem of Quality*

Hitherto, nothing whatever has been said of the fact that every psychological theory, apart from what it achieves from the point of view of natural science, must fulfil yet another major requirement. It should explain to us what we are aware of, in the most puzzling fashion, through our 'consciousness';

[1] [This theory of pain was introduced again by Freud in *Beyond the Pleasure Principle* (1920*g*), ibid., **18**, 29–30 and in *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 170–2.]

[2] ['*Continuitätstrennung*' in the original. The meaning is not entirely clear.]

[3] [The topic is taken up again below, in Section 12 (p. 320).]

and, since this consciousness knows nothing of what we have so far been assuming—quantities and neurones—it should explain this lack of knowledge to us as well.

We at once become clear about a postulate which has been guiding us up to now. We have been treating psychical processes as something that could dispense with this awareness through consciousness, as something that exists independently of such awareness. We are prepared to find that some of our assumptions are not confirmed through consciousness. If we do not let ourselves be confused on that account, it follows, from the postulate of consciousness providing neither complete nor trustworthy knowledge of the neuronal processes, that these are in the first instance to be regarded to their whole extent as unconscious[1] and are to be inferred like other natural things.[2]

In that case, however, a place has to be found for the content of consciousness in our quantitative ψ processes. Consciousness gives us what are called *qualities*—sensations which are *different* in a great multiplicity of ways and whose *difference* is distinguished according to its relations with the external world. Within this difference there are series, similarities and so on, but there are in fact no quantities in it. It may be asked *how* qualities originate and *where* qualities originate. These are questions which call for the most careful examination and which can only be treated roughly here.

Where do qualities originate? Not in the external world. For, out there, according to the view of our natural science, to which psychology too must be subjected here [in the *Project*], there are only masses in motion and nothing else. In the φ system perhaps? That tallies with the fact that the qualities are linked with perception, but it is contradicted by everything that rightly argues in favour of the seat of consciousness being in the *upper* storeys of the nervous system. In the ψ system then. Against this, however, there is a weighty objection. During perception the φ and the ψ systems are in operation together, but there is one psychical process which is no doubt performed exclusively in ψ—reproducing or remembering—and this, speaking generally, is *without quality*. Remembering brings about *de norma*[3]

[1] [This is a good instance of the fact that in German the word '*unbewusst*', which we translate as 'unconscious', is a *passive* verbal form and might be rendered 'unconscioused'.]

[2] [It will be observed that this is a statement made about *physiological* entities—'neuronal processes'. Some time was still to elapse before Freud could make exactly the same statement about *psychical* events. See *The Interpretation of Dreams* (1900*a*), ibid., 5, 613.]

[3] [Translator's italics.]

[normally] nothing that has the peculiar character of perceptual quality. Thus we summon up courage to assume that there is a third system of neurones—ω perhaps [we might call it]—which is excited along with perception, but not along with reproduction, and whose states of excitation give rise to the various qualities—are, that is to say, *conscious sensations*.[1]

If we keep firmly to the fact that our consciousness furnishes only *qualities*, whereas science recognizes only[2] *quantities*, a characterization of the ω neurones emerges, as though by rule of three. For whereas science has set about the task of tracing all the *qualities* of our sensations back to *external quantities*, it is to be expected from the structure of the nervous system that it consists of contrivances for transforming external *quantity* into quality; and here the original trend to keep off *quantity* seems to triumph once more [p. 306]. The nerve-ending apparatuses were a screen that would only allow quotients of external quantity to act upon ϕ, while ϕ at the same time dealt with the rough discharge of quantity. The system ψ was already protected against higher orders of quantity and had to do only with intercellular magnitudes. As a further step, it is to be suspected that the system ω is moved by still smaller quantities. It would seem as though the characteristic of quality (that is, conscious sensation) comes about only where quantities are so far as possible excluded. It cannot be got rid of entirely, since we must think of the[3] ω neurones too as cathected with $Q\dot{\eta}$ and striving towards discharge.[4]

At this point, however, we are met by what seems to be an immense difficulty. We have seen [p. 300] that permeability depends on the effect of $Q\dot{\eta}$, and the ψ neurones are already impermeable. With still smaller $Q\dot{\eta}$, the ω neurones would have to be still more impermeable. But that is a characteristic that we cannot grant to the vehicles of consciousness. The mutability of their content, the transitoriness of consciousness, the easy linking of qualities simultaneously perceived—all of this tallies only with complete permeability of the ω neurones, together with total *restitutio in integrum*[5] [restoration of their former state]. The ω neurones behave like organs of perception, and in them we could find no place for a memory [p. 299]. Permeability, then,

[1] [Freud's choice of the Greek *ómega* to indicate the perceptual system of neurones is discussed in the Editor's Introduction above, p. 288 f.]

[2] ['*Nur*' in the MS.; omitted in *Anf.*, 394.]

[3] ['*Die*' in the MS., '*diese*' ('these') in *Anf.*, 394.]

[4] [But cf. a correction on this point in the revision of the theory in the letter of January 1, 1896, p. 389 below.]

[5] [Translator's italics.]

complete facilitation, which does not arise from quantity. From where else [can it arise]?

I can see only one way out of the difficulty: a revision of our fundamental hypothesis about the passage of *Qή*. So far I have regarded it only as the transference of *Qή* from one neurone to another. But it must have still another characteristic, of a temporal nature; for the mechanics of the physicists have allowed this temporal characteristic to the other motions of masses in the external world as well. I speak of this as *period* for short. Thus I shall assume that all the resistance of the contact-barriers applies only to the transference of *Q*, but that the *period* of the neuronal motion is transmitted without inhibition in all directions, as though it were a process of induction.

Here very much remains to be done in the way of physical clarification, for here too the general laws of motion must apply without contradiction. The hypothesis goes further, however, [and assumes] that the ω neurones are incapable of receiving *Qή*, but that instead they appropriate the *period* of the excitation and that this state of theirs of being affected by period while they are filled with the minimum of *Qή* is the fundamental basis of consciousness. The ψ neurones too have their period, of course; but it is without quality or, more correctly, *monotonous*. Deviations from this psychical period that is specific for them come to consciousness as qualities.

Where do these differences of *period* spring from? Everything points to the sense-organs, whose qualities seem to be represented precisely[1] by different periods of neuronal motion. The sense-organs act not only as *Q*-screens, like all nerve-ending apparatuses, but also as *sieves*, for they allow the stimulus through from only certain processes with a particular period. They then probably transfer this difference to φ, by communicating to the neuronal motion periods which differ in some analogous way (specific energy); and it is these modifications which proceed[2] through φ via ψ to ω, and there, where they are almost devoid of quantity, generate conscious sensations of qualities. This transmission of quality is not durable, it leaves no traces behind and cannot be reproduced.[3]

[1] ['*Eben*' in the MS.; omitted in *Anf.*, 395.]

[2] ['*Die sich . . . fortsetzen*' in the MS. *Anf.*, 395 prints '*die sie . . . fortsetzen*' ('which continue them' [the periods]). This seems to make less satisfactory sense.]

[3] [Freud was evidently in difficulties over this section, as is shown by the opening sentence of the next one, and he revised it drastically in his letter to Fliess of January 1, 1896 (printed below, p. 388), by inserting the ω system *between* φ and ψ.]

[8] *Consciousness*

It is only by means of such complicated and far from perspicuous hypotheses that I have hitherto succeeded in introducing the phenomena of consciousness into the structure of quantitative psychology. No attempt, of course, can be made to explain how it is that excitatory processes in the ω neurones bring consciousness along with them. It is only a question of establishing a coincidence between the characteristics of consciousness that are known to us and processes in the ω neurones which vary in parallel with them. And this is quite possible in some detail.

A word on the relation of this theory of consciousness to others. According to an advanced mechanistic theory, consciousness is a mere appendage to physiologico-psychical processes and its omission would make no alteration in the psychical passage [of events]. According to another theory, consciousness is the subjective side of all psychical events and is thus inseparable from the physiological mental process. The theory developed here lies between these two. Here consciousness is the subjective side of one part of the physical processes in the nervous system, namely of the ω processes, and the omission of consciousness does not leave psychical events unaltered but involves the omission of the contribution from ω.[1]

If we represent consciousness by ω neurones, several consequences follow. These neurones must have a discharge, however small, and there must be a way of filling the ω neurones with $Q\eta$ in the small quota required. The discharge will, like all others, go in the direction of motility; and here it is to be noticed that with the transformation into motion everything in the nature of quality, every peculiarity of period, is lost.[2] The filling of ω neurones with $Q\eta$ can no doubt only proceed from ψ, since we do not wish to admit any direct link between this third system and ϕ. It is not possible to suggest what the original biological value of the ω neurones was.[3]

[1] [A few years earlier than this, in his monograph on aphasia (1891*b*, 56-8), Freud had discussed this problem and, under the influence of Hughlings Jackson, had adopted a position much closer to the 'appendage' theory of consciousness described above. This passage is quoted in full as Appendix B to Freud's metapsychological paper on 'The Unconscious' (1915*e*), ibid., **14**, 206 ff. The lack of clarity in the present discussion is no doubt an indication that Freud was in fact already moving towards his later view that mental events can be both conscious and unconscious. See above, p. 308, n. 2.]

[2] [Cf., however, below p. 387.]

[3] [In the case of ϕ and ψ this had been suggested on p. 304.]

So far, however, we have given an incomplete account of the content of consciousness. Besides the series of sensory qualities, it exhibits another series very different from that—the series of sensations of *pleasure* and *unpleasure*, which now calls for interpretation. Since we have certain knowledge of a trend in psychical life towards *avoiding unpleasure*, we are tempted to identify that trend with the primary trend towards inertia. In that case *unpleasure* would have to be regarded as coinciding with a raising of the level of $Q\dot{\eta}$ or an increasing quantitative pressure: it would be the ω sensation when there is an increase of $Q\dot{\eta}$ in ψ. Pleasure would be the sensation of discharge. Since ω is assumed [above] to be filled from ψ, the hypothesis would follow that when the level in ψ rises the cathexis in ω increases, and when, on the other hand, that level falls the cathexis diminishes. Pleasure and unpleasure would be the sensations in ω of its own cathexis, of its own level; and here ω and ψ would, as it were, represent intercommunicating vessels. In this manner the quantitative processes in ψ too would reach consciousness, once more as qualities.

The aptitude for perceiving sensory qualities which lie, so to say, in the zone of indifference between pleasure and unpleasure disappears with the [presence of the] feeling of pleasure and unpleasure. This might be translated: the ω neurones show an optimum for receiving the *period* of neuronal motion at a particular [strength of] cathexis; when the cathexis is stronger they produce unpleasure, when it is weaker, pleasure—till, with a lack of cathexis, their capacity for reception vanishes.[1] The corresponding form of motion would have to be constructed on the basis of such data as these.

[9] *The Functioning of the Apparatus*[2]

It is now possible to form the following picture of the functioning of the apparatus constituted by $\phi\psi\omega$.

[1] [This argument reappears in *Beyond the Pleasure Principle* (1920*g*), ibid., 18, 8–9, where it is attributed to Fechner.—In this section Freud identifies what he was later to call the 'pleasure principle' with the 'principle of constancy'. Very much later on he distinguished between the two. A full account of his changing views on the subject is given in an Editor's footnote to 'Instincts and their Vicissitudes' (1915*c*), ibid., 14, 121 *n*.]

[2] [This section of the MS. was in fact headed by Freud 'Second Part', which is omitted in *Anf.*, 397. The reason for the omission is that Freud started his major division on 'Psychopathology' (p. 347 below) with the same heading—'Second Part'. The wisest plan is no doubt to follow

The amounts of excitation penetrate from outside to the endings of the ϕ system. They first come up against the nerve-ending apparatuses and are broken up by them into quotients, which are probably of a higher order than intercellular stimuli (perhaps, after all, of the same order?). Here there is a first threshold: below a certain quantity no effective quotient at all comes into being, so that the effective capacity of the *stimuli* is to some extent restricted to *medium* quantities. Besides this, the nature of the nerve-ending coverings[1] acts as a sieve, so that not every kind of stimulus can operate on the various terminal points. The stimuli which actually reach the ϕ neurones have a quantity and a qualitative characteristic;[2] in the external world they form a series of the same quality and of quantity ranging upwards from the threshold to the pain limit.

[Fig. 12]

Whereas in the external world the *processes* exhibit a continuum in two directions, according to quantity and period (quality), the *stimuli* corresponding to them [to the processes] are, as regards quantity, firstly *reduced* and secondly *limited* owing to excision, and, as regards quality, are discontinuous, so that certain periods do not operate as stimuli at all [Fig. 12].

the *Anfänge* and to disregard the present 'Second Part'. It is a curious fact that these two headings of 'Second Part' are the only numbered divisions made by Freud himself. 'Part I' and 'Part III' were introduced by the editors of the *Anfänge*, and the Arabic sectional numberings were inserted in the *Origins* by the translator.]

[1] [*Anf.*, 398, has '*Nervendecken*', which would mean 'nerve-coverings'. The MS. reads '*Nervenddecken*' which is presumably an abbreviation for '*Nervenenddecken*'.]

[2] [For the sake of clarity, it may be pointed out that strictly speaking (in spite of an apparent contradiction in the latter part of the present sentence), neither the 'processes' in the external world nor the 'stimuli' that pass through the 'nerve-ending apparatuses' into ϕ, nor the cathexes in ϕ or ψ possess 'quality', but only a qualitative *characteristic*—'period'—which, when it reaches ω, *becomes* quality.]

The qualitative characteristic of the stimuli now proceeds unhindered through ϕ by way of ψ to ω, where it generates sensation; it is represented by a particular period of neuronal motion, which is certainly not the same as that of the stimulus, but has a certain relation to it in accordance with a reduction formula which is unknown to us. This period does not persist for long and disappears towards the motor side; nor, since it is allowed to pass through, does it leave any memory behind it.

The quantity of the ϕ stimulus excites the nervous system's[1] trend to discharge, by transforming itself into a proportionate motor excitation. The apparatus of motility is attached directly to ϕ. The quantities which are translated in this way produce an effect far superior quantitatively to themselves, by entering the muscles, glands, etc., acting there, that is, by a *release* [of quantity], whereas between neurones only a *transference* takes place.

In the ϕ neurones, furthermore, the ψ neurones terminate. To the latter a part of the $Q\dot{\eta}$ is transferred, but only a part—a quotient, perhaps, corresponding to the magnitude of an intercellular stimulus. At this point the question arises whether the $Q\dot{\eta}$ transferred to ψ may not increase in proportion to the Q flowing in ϕ, so that a greater stimulus produces a stronger psychical effect. Here a special contrivance seems to be present, which once again keeps off Q from ψ. For the sensory path of conduction in ϕ is constructed in a peculiar fashion It ramifies

[Fig. 13]

continually and exhibits thicker and thinner paths, which end in numerous terminal points probably with the following significance, a stronger[2] stimulus follows different pathways from a weaker one. [Cf. Fig. 13.] For instance, [1] $Q\dot{\eta}$ will pass only along pathway I and will transfer a quotient to ψ at ter-

[1] [Here '*Nervensystem*' is written out in full in the MS. Cf p 296.]

[2] ['*Stärkerer*' in the MS *Anf.*, 399, has '*starker*' ('strong').]

minal α. $2\ Q\dot{\eta}$)[1] will not transfer a double quotient at α, but will be able to pass also along pathway II, which is narrower, and to open up another terminal point to ψ [at β]. $3(Q\dot{\eta})$ will open up the narrowest path [III] and will transfer through γ as well. This is how the single ϕ path is relieved of its burden; the larger quantity in ϕ will be expressed by the fact that it cathects several neurones in ψ instead of a single one. The different cathexes of the ψ neurones may in this case be approximately equal. If $Q\dot{\eta}$ in ϕ gives rise to a cathexis in ψ, then $3(Q\dot{\eta})$ is expressed by a cathexis in $\psi_1 + \psi_2 + \psi_3$. Thus quantity in ϕ is expressed by *complication* in ψ. By this means the Q is held back from ψ, within certain limits at least. This is very reminiscent of the conditions of *Fechner's* law, which might in this way be localized.[2]

In this manner ψ is cathected from ϕ in Qs which are normally small. The quantity of the ϕ excitation is expressed in ψ by complication, its quality is expressed topographically, since, according to their anatomical relations, the different sense-organs are in communication through ϕ only with particular ψ neurones. But ψ receives cathexis as well from the interior of the body; and it is probable that the ψ neurones should be divided into two groups: the neurones of the *pallium*[3] which are cathected from ϕ and the *nuclear* neurones[4] which are cathected from the endogenous paths of conduction.

[10] *The ψ Paths of Conduction*

The nucleus of ψ is connected with the paths by which endogenous quantities of excitation ascend. Without excluding the possibility of these paths being connected with ϕ, we must nevertheless hold to our original assumption that a direct pathway leads from the interior of the body to ψ neurones [p. 303]. If this is so, however, ψ is exposed to Qs on this side without

[1] [So in the MS. *Anf*, 399, alters this and $3(Q\dot{\eta})$ below to $(Q\dot{\eta})2$ and $(Q\dot{\eta})3$ respectively.]

[2] [Fechner's law formulates the relation between changes in the intensity of a stimulus and changes in the resultant sensation. In mathematical terms, it states that sensation varies with the logarithm of the strength of the stimulus. Freud appears to be suggesting that the law comes into operation at this particular point in the nervous system.]

[3] [Mid-nineteenth century histologists distinguished two main strata of cells in the cerebral cortex and gave the name of 'pallium' or 'mantle', to the outer layer. Later neuro-anatomy has revealed a far more complex stratification.]

[4] ['*Kern-Neurone.*']

protection and in this fact lies the *mainspring* of the psychical mechanism.[1]

What we know of the *endogenous* stimuli may be expressed in the assumption that they are of an intercellular nature, that they arise continuously and only periodically become psychical stimuli.[2] We cannot avoid the idea that there is an accumulation; and the intermittent character of their psychical effect necessitates the view that on their path of conduction to ψ they come up against resistances which are overcome only when there is an increase in quantity. They are therefore paths of conduction made up of multiple segments, having a number of contact-barriers interpolated between them up to the ψ nucleus. Above a certain *Q*, however, they [the endogenous excitations] act as a stimulus continuously, and every increase of *Q* is perceived as an increase of the ψ stimulus. It follows, therefore, that there is a state in which the path of conduction has become permeable. Experience shows, further, that, after the ψ stimulus has been discharged, the path of conduction resumes its resistance once more.

A process of this kind is termed *summation*. The ψ paths of conduction are filled by summation till they become permeable. It is evidently the smallness of the separate stimuli that permits summation. Summation is also proved to occur in the φ paths of conduction—for instance, in the case of the conduction of pain; it applies there only for small quantities. The lesser part played by summation on the φ side speaks in favour of the view that in fact we are there dealing with comparatively large *Q*s. Very small ones seem to be kept off by the operation of the nerve-ending apparatuses as a threshold [p. 313], while on the ψ side these [apparatuses] are absent and only small $Q\dot{\eta}$s operate.

It is a very[3] noticeable fact that the ψ neurones of conduction are able to maintain a position between the characteristics of permeability and impermeability, since they recover their resistance almost completely in spite of the passage of $Q\dot{\eta}$. This entirely contradicts the property we have assumed the ψ neurones to possess of being permanently facilitated by a current of $Q\dot{\eta}$ [p. 300]. How is this contradiction to be explained?

By assuming that the restoration of resistance after a current

[1] [This last point will be explained shortly [p. 317].—The absence of a protective screen towards the interior is pointed out in several later writings of Freud's, e.g. *Beyond the Pleasure Principle* (1920g), ibid., 18, 29.]

[2] [See footnote 1, p. 297 above.]

[3] ['*Sehr*' in the MS., omitted in *Anf.*, 401.]

has ceased is a general characteristic of contact-barriers. There is not much difficulty, if so, in bringing this into harmony with the fact that ψ neurones are influenced [by the passage of quantity] in the direction of facilitation. We need only suppose that the facilitation which remains after the passage of *Q* consists, not in the lifting of every single resistance but in its reduction to a necessary remaining minimum. During the passage of *Q* the resistance is lifted, afterwards it is restored, but to various heights, in proportion to the *Q* that has passed through, so that the next time already a smaller *Q* will be able to pass through, and so on. When facilitation is most complete, a certain resistance remains which is equal for all contact-barriers and which also requires the increase of *Q*s up to a certain threshold before they can pass. This resistance would be a constant. Accordingly, the fact that endogenous *Q*η̇ operates by summation signifies nothing more than that this *Q*η̇ is made up of very small amounts of excitation which are less than the constant. The endogenous path of conduction is therefore nevertheless[1] completely facilitated.

It follows from this, however, that the ψ contact-barriers are in general higher than the barriers in the [endogenous] paths of conduction, so that a fresh accumulation of *Q*η̇ can occur in the nuclear neurones. [Cf. p. 323 below.] Once the path of conduction has been re-adjusted, no further limit is set to this accumulation. Here ψ is at the mercy of *Q*, and it is thus that in the interior of the system there arises the impulsion which sustains all psychical activity. [Cf. pp. 315 16 above.] We know this power as the *will* – the derivative of the *instincts*.[2] [Cf. p. 337 below.]

[*11*] *The Experience of Satisfaction*

The filling of the nuclear neurones in ψ will have as its result an effort to discharge, an *urgency* which is released along the motor pathway. Experience shows that here the first path to be taken is that leading to *internal change* (expression of the emotions, screaming, vascular innervation). But, as was explained at the beginning [p. 297], no such discharge can produce an unburdening result, since the endogenous stimulus continues to be received and the ψ tension is restored. The removal of the

[1] ['*Doch*' in the MS., omitted in *Anf.*, 401.]

[2] [This is one of the very rare appearances of the word '*Trieb*' in Freud's early writings. See the Editor's Note to 'Instincts and their Vicissitudes', ibid., 14, 113–14.]

stimulus is only made possible here by an intervention which for the time being gets rid of the release of *Qή* in the interior of the body, and this intervention calls for an alteration in the external world (supply of nourishment, proximity of the sexual object), which, as a *specific action*, can only be brought about in definite ways. At first, the human organism is incapable of bringing about the specific action. It takes place by *extraneous help*, when the attention of an experienced person is drawn to the child's state by discharge along the path of internal change.[1] In this way this path of discharge acquires a secondary function of the highest importance, that of *communication*, and the initial helplessness of human beings is the *primal source* of all *moral motives*. [Cf. p. 366.]

When the helpful person has performed the work of the specific action in the external world for the helpless one, the latter is in a position, by means of reflex contrivances, immediately to carry out in the interior of his body the activity necessary for removing the endogenous stimulus. The total event then constitutes an *experience of satisfaction*, which has the most radical results on the development of the individual's functions. For three things occur in the ψ system: (1) a lasting discharge is effected and so the urgency which had produced unpleasure in ω is brought to an end; (2) a cathexis of one (or several) of the neurones which correspond to the perception of an object occurs in the pallium; and (3) at other points of the pallium information arrives of the discharge of the released reflex movement which follows upon the specific action. A facilitation is then formed between these cathexes and the nuclear neurones.[2]

The information of the reflex discharge comes about because every movement, through its subsidiary results, becomes the occasion for fresh sensory excitations (from the skin and muscles) which give rise to a *motor* [kinaesthetic] *image* in ψ. The facilitation, however, is formed in a manner which allows of a deeper insight into the development of ψ. Hitherto we have learnt to know of ψ neurones being influenced through φ[3] and through endogenous paths of conduction, but the different ψ neurones

[1] [E.g. by the child's screaming.]

[2] [This account of the 'experience of satisfaction' is repeated very closely in Chapter VII (C) of *The Interpretation of Dreams* (1900a), *Standard Ed.*, 5, 565-6, and again, though more shortly, in the paper on the two principles of mental functioning (1911b), ibid., 12, 21[illegible] n. and 22[illegible]. Much of this is already foreshadowed in Freud's first paper on anxiety neurosis (1895b), ibid., 3, 108, and in the no doubt earlier Draft E, p. 192 above.]

[3] [So in the MS. *Anf.*, 403, has 'φ-*Neuronen*'.]

were cut off from one another by contact-barriers with strong resistances. Now there is a basic law of *association by simultaneity*,[1] which operates in the case of pure ψ activity, of reproductive remembering, and which is the foundation of all links between the ψ neurones. We find that consciousness—that is, the quantitative cathexis of a ψ neurone, α,[2] passes over to another, β, if α and β have at some time been simultaneously cathected from ϕ (or from elsewhere). Thus a contact-barrier has been facilitated through the simultaneous cathexis α—β. It follows in the terms of our theory that a $Q\dot{\eta}$ passes more easily from a neurone to a cathected neurone than to an uncathected one.[3] Thus the cathexis of the second neurone operates like the increased cathexis of the first one. *Once again, cathexis is here shown to be equivalent, as regards the passage of $Q\dot{\eta}$, to facilitation.* [Cf. pp. 300–1.]

Here, therefore, we become acquainted with a second important factor in directing the course taken by the passage of $Q\dot{\eta}$. A $Q\dot{\eta}$ in neurone α will go not only in the direction of the barrier which is best facilitated, but also in the direction of the barrier which is cathected from the farther side. The two factors may support each other or may in some cases operate against each other.

Thus, as a result of the experience of satisfaction, a facilitation comes about between two mnemic images and the nuclear neurones which are cathected in the state of urgency. No doubt, along with the discharge of satisfaction the $Q\dot{\eta}$ flows out of the mnemic images as well. Now, when the state of *urgency* or *wishing* re-appears, the cathexis will also pass over on to the two memories and will activate them. Probably the mnemic image of the object will be the first to be affected by the *wishful activation*.

I do not doubt that in the first instance this wishful activation will produce the same thing as a perception—namely a *hallucination*. If reflex action is thereupon introduced, disappointment cannot fail to occur. [Cf. p. 340.]

[1] [Usually known under the more comprehensive name of 'association by contiguity'.]

[2] [It is surprising to find consciousness thus defined, apparently without reference to ω.]

[3] [This is referred to at several points below, e.g. on pp. 329 and 338. It re-appears twenty years later in the metapsychological paper on dreams (1917*d* [1915]), ibid., **14**, 227 and 234 *n*., where it is named 'the principle of the insusceptibility to excitation of uncathected systems'. It is referred to again still later, in *Beyond the Pleasure Principle* (1920*g*), ibid., **18**, 30 and in the 'Mystic Writing Pad' (1925*a*), ibid., **19**, 231.]

[12] *The Experience of Pain*

Normally, ψ is exposed to Q from the endogenous paths of conduction, and abnormally, even though not yet pathologically, in cases where excessively large Qs break through the screening contrivances in ϕ—that is, in cases of *pain* [p. 307]. Pain gives rise in ψ (1) to a large rise in level, which is felt as unpleasure by ω [p. 312],[1] (2) to an inclination to discharge, which can be modified in certain directions, and (3) to a facilitation between the latter [the inclination to discharge] and a mnemic image of the object which excites the pain. Moreover, there is no question but that pain has a peculiar *quality*, which makes itself felt along with the unpleasure.

If the mnemic image of the (hostile) object is freshly cathected in some way—for instance, by a fresh perception—a state arises which is not pain but which nevertheless has a resemblance to it. It includes unpleasure and the inclination to discharge which corresponds to the experience of pain. Since unpleasure signifies a rise in level, it must be asked where this $Q\acute{\eta}$ comes from. In the actual experience of pain it was the irrupting external Q[2] that raised the ψ level. In the reproduction of the experience—in the *affect*[3]—the only additional Q is that which cathects the memory, and it is clear that this is in the nature of any other perception and cannot have as a result a general raising of $Q\acute{\eta}$.

It only remains to assume, therefore, that owing to the cathexis of memories unpleasure is *released* from the interior of the body and freshly conveyed up. The mechanism of this release can only be pictured as follows. Just as there are motor neurones which, when they are filled to a certain amount, conduct $Q\acute{\eta}$ into the muscles and accordingly discharge it, so there must be 'secretory' neurones which, when they are excited, cause the generation in the interior of the body of something which operates as a stimulus upon the endogenous paths of conduction to ψ—neurones which thus influence the production of endogenous $Q\acute{\eta}$, and accordingly do not discharge $Q\acute{\eta}$ but supply it in roundabout ways. We will call these [secretory][4] neurones 'key neurones'. Evidently they are only excited when

[1] [Cf. *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 171–2.]

[2] [It is of interest to note that in the MS. Freud first wrote '$Q\acute{\eta}$' here, and afterwards crossed out the '$\acute{\eta}$'.] [3] [Cf. footnote 4, p. 321 below.]

[4] [The MS. has '*motorischen*'. It seems likely that this was a slip for '*sekretorischen*'—since the point of the term 'key' is that they 'release' $Q\acute{\eta}$. 'Motor' and 'key' neurones seem to be distinguished in a passage on p. 334 below. A reference to this view of motor and secretory innervation occurs in Chapter VII (H) of *The Interpretation of Dreams* (1900*a*), ibid., **5**, 467–8.]

a certain level in ψ has been reached. As a result of the experience of pain the mnemic image of the hostile object has acquired an excellent facilitation to these key neurones, in virtue of which [facilitation] unpleasure is now released in the affect.[1]

Support is lent to this puzzling but indispensable hypothesis by what happens in the case of sexual release. At the same time a suspicion forces itself on us that in both instances the endogenous stimuli consist of *chemical products*, of which there may be a considerable number.[2] Since the release of unpleasure can be an extremely big one when there is quite a trivial cathexis of the hostile memory, we may conclude that pain leaves behind specially abundant facilitations. In this connection we may guess that facilitation depends entirely on the $Q\dot{\eta}$ reached; so that the facilitating effect of $3Q\dot{\eta}$ may be far superior to that of $3 \times Q\dot{\eta}$.[3]

[13] *Affects and Wishful States*

The residues of the two kinds of experiences [of pain and of satisfaction] which we have been discussing are affects[4] and

[1] [These consequences of an experience of pain are described in *The Interpretation of Dreams*, ibid., **5**, 600.]

[2] [Throughout his life Freud was interested in the possible chemical basis of the instincts, and especially of the sexual instincts. Some remarks on this will be found in the Editor's Note to the *Three Essays*, ibid., **7**, 126–7 and ibid., 216. Freud associated these ideas in particular with suggestions from Fliess, as is shown by a later passage in this work (p. 342, below). The earliest reference to the question in the Fliess papers appears in Draft D (p. 187 above). Cf. also an allusion in Letter 52 (p. 238). A very late mention of the subject occurs in the paper on 'Female Sexuality' (1931*b*), ibid., **21**, 240. In this last passage he refers back—only to dismiss it—to the theory of there being *several* sexual chemical substances.]

[3] [Here '$3Q\dot{\eta}$' stands for a quantity 3 times as large as $Q\dot{\eta}$, and '$3 \times Q\dot{\eta}$' stands for a quantity $Q\dot{\eta}$ 3 times repeated. Freud seems to have been in some doubt as to how the former of these should be written. The MS. shows that in the present passage he began by writing '$3(Q\dot{\eta})$' and then corrected it to '$3Q\dot{\eta}$'. In another passage (on p. 315) he had used the first of these forms, '$3(Q\dot{\eta})$', but in a still earlier passage, to which the present one in fact refers back (p. 30[illegible]) he wrote '$Q : 3\dot{\eta}$'. The German editors have altered the earlier versions in different ways (*Anf.*, 386 and 399).]

[4] [It might be thought from some passages here (see e.g. pp. 320 and 335) that Freud was using the term 'affect' in relation to the reproduction only of disagreeable experiences. This is disproved entirely by a statement in connection with dreams on p. 340 below. Some discussion of Freud's use of the term will be found in *Standard Ed.*, **3**, 66–8.]

wishful states. These have in common the fact that they both involve a raising of $Q\acute{\eta}$ tension in ψ—brought about in the case of an *affect* by sudden release and in that of a *wish* by summation. Both states are of the greatest importance for the passage [of quantity] in ψ, for they leave behind them motives for it which are of a compulsive kind. The wishful state results in a positive *attraction* towards the object wished-for, or, more precisely, towards its mnemic image,[1] the experience of pain leads to a repulsion, a disinclination to keeping the hostile mnemic image cathected. Here we have primary *wishful attraction* and primary *defence* [fending off].

Wishful attraction can easily be explained by the assumption that the cathexis of the friendly mnemic image[2] in a state of desire greatly exceeds in $Q\acute{\eta}$ the cathexis which occurs when there is a mere perception, so that a particularly good facilitation leads from the ψ nucleus to the corresponding neurone of the pallium.

It is harder to explain primary *defence* or *repression*– the fact that a hostile mnemic image is regularly[3] abandoned by its cathexis as soon as possible. Nevertheless, the explanation should lie in the fact that the primary experiences of pain were brought to an end by reflex defence. The emergence of another object in place of the hostile one was the signal for the fact that the experience of pain was at an end, and the ψ system, taught *biologically*, seeks to reproduce the state in ψ which marked the cessation of the pain. With the expression *taught biologically* we have introduced a new basis of explanation, which should have independent validity, even though it does not exclude, but rather calls for, a recourse to mechanical principles (quantitative factors).[4] In the instance before us it may easily be the increase of $Q\acute{\eta}$, invariably occurring with the cathexis of a hostile memory, which forces an increased activity of discharge and thus a flowing away from the memory as well.

[14] *Introduction of the 'Ego'*

In fact, however, with the hypotheses of '*wishful attraction*' and of the inclination to *repression* we have already touched on a state of ψ which has not yet been discussed. For these two processes

[1] [Cf. *The Interpretation of Dreams* (1900*a*), ibid., 5, 546.]

[2] [In the MS.: '*die Besetzg des freundlichen Er*[*innerungsbildes*]'. *Anf.*, 406, reads '*der . . . Erinnerung*' ('of the memory'), having misread the gender of the definite article.]

[3] ['*Stets*' in the MS. Omitted in *Anf.*, 406.]

[4] [Cf. footnote 3, p. 305 above.]

indicate that an organization has been formed in ψ whose presence interferes with passages [of quantity] which on the first occasion occurred in a particular way [i.e. accompanied by satisfaction or pain]. This organization is called the '*ego*'. It can easily be depicted if we consider that the regularly repeated reception of endogenous $Q\eta$ in certain neurones (of the nucleus) and the facilitating effect proceeding thence will produce a group of neurones which is constantly cathected [pp. 317 and 369] and thus corresponds to the *vehicle of the store* required by the secondary function [p. 297]. Thus the ego is to be defined as the totality of the ψ cathexes, at the given time, in which a permanent component is distinguished from a changing one [p. 328 below]. It is easy to see that the facilitations between ψ neurones are a part of the ego's possessions, as representing possibilities, if the ego is altered, for determining its extent in the next few moments.

While it must be the endeavour of this ego to give off its cathexes by the method of satisfaction, this cannot happen in any other way than by its influencing the repetition of experiences of pain and of affects, and by the following method, which is described generally as *inhibition*.

A $Q\eta$ which breaks into a neurone from anywhere will proceed in the direction of the contact-barrier with the largest facilitation and will set up a current in that direction. To put this more accurately: the $Q\eta$ current will divide up in the direction of the various contact-barriers in inverse ratio to their resistance; and, in that case, where a contact-barrier is impinged upon by a quotient which is inferior to its [the contact-barrier's] resistance, nothing will in practice pass through there. This relation may easily turn out differently in the case of each $Q\eta$ in the neurone, for quotients may then arise which are superior to the threshold at other contact-barriers as well. Thus the course taken is dependent on $Q\eta$ and the relation of the facilitations. We have, however, come to know the third powerful factor [p. 319]. If an adjoining neurone is simultaneously cathected, this acts like a temporary facilitation of the contact-barrier lying between the two, and modifies the course [of the current], which would otherwise have been directed towards the one facilitated contact-barrier. A *side-cathexis* thus acts as *an inhibition of the course of* $Q\eta$. Let us picture the ego as a network of cathected neurones well facilitated in relation to one another, thus: [see Fig. 14]. If we suppose that a $Q\eta$ enters a neurone *a* from outside (φ), then, if it were uninfluenced, it would pass to neurone *b*; but it is so much influenced by the side-cathexis *a*–α that it gives off only a quotient to *b* and may even perhaps

not reach *b* at all. Therefore, if an ego exists, it must *inhibit* psychical primary processes.

[Fig. 14]

Inhibition of this kind is, however, a decided advantage to ψ. Let us suppose that *a* is a hostile mnemic image and *b* a key-neurone to unpleasure [p. 320]. Then, if *a* is awakened, primarily unpleasure would be released, which would perhaps be pointless and is so in any case [if released] to its full amount. With an inhibitory action from α the release of unpleasure will turn out very slight and the nervous system will be spared the development and discharge of *Q* without any other damage. It is easy now to imagine how, with the help of a mechanism which draws the ego's *attention*[1] to the imminent fresh cathexis of the hostile mnemic image, the ego can succeed in inhibiting the passage [of quantity] from a mnemic image to a release of unpleasure by a copious side-cathexis which can be strengthened according to need. Indeed, if we suppose that the original $Q\dot{\eta}$ release of unpleasure is taken up by the ego itself, we shall have in it itself the source of the expenditure which is required by the inhibiting side-cathexis from the ego. In that case, the stronger the unpleasure, the stronger will be the primary defence.

[*15*] *Primary and Secondary Process*[2] *in* ψ

It follows from what has developed so far, that the ego in ψ, which we can treat as regards its trends like the nervous system as a whole,[3] will, when the processes in ψ are uninfluenced, be made helpless and suffer injury under two conditions.

That is to say, this will happen in the first place if, while it is

[1] ['Attention' is discussed on p. 360 ff. below.]

[2] [This fundamental distinction makes its first appearance at the end of this section. Some discussion of it will be found in Appendix C, p. 392 below.]

[3] ['*Gesamtnervensystem*', written out in full in the MS. (Cf. p. 296, *n.* 2.)]

in a *wishful state*, it newly cathects the memory of an object and then sets discharge in action, in that case satisfaction must fail to occur, because the object is not *real* but is present only as an imaginary *idea*. ψ is not in a position, to begin with, to make this distinction, since it can only work on the basis of the sequence of analogous states between its neurones.[1] Thus it requires a criterion from elsewhere in order to distinguish between *perception* and *idea*.

On the other hand, ψ is in need of an indication that will draw its attention to the re-cathexis of a hostile mnemic image and enable it to obviate, by means of side-cathexis, the consequent release of unpleasure. If ψ is able to put this inhibition into operation soon enough, the release of unpleasure, and at the same time the defence, will be slight; otherwise there will be immense unpleasure and excessive primary defence.

Both wishful cathexis and release of unpleasure, where the memory in question is cathected anew, can be biologically detrimental. This is true of a wishful cathexis whenever it exceeds a certain amount and so acts as an enticement to discharge; and it is true of a release of unpleasure, at least whenever the cathexis of the hostile mnemic image results not from the external world but from ψ itself (by association). Here once again, then, it is a question of an indication to distinguish between a perception and a memory (idea).[2]

It is probably the ω neurones which furnish this indication: the *indication of reality*.[3] In the case of every external perception a qualitative excitation occurs in ω [p. 309], which in the first instance, however, has no significance for ψ. It must be added that the ω excitation leads to ω discharge, and information of this, as of every discharge [p. 318], reaches ψ. *The information of the discharge from ω is thus the indication of quality or of reality for ψ.*

If the wished-for object is abundantly cathected, so that it is activated in a hallucinatory manner, the same indication of discharge or of reality follows too as in the case of external perception. In this instance the criterion fails. But if the wishful

[1] [I.e. the sequence between a wish and a hallucination, as described in the later part of Section 11.]

[2] [In the MS. '*W* (*Wahrnehmung*) *von V* (*Vorstellung*) *zu unterscheiden*.' The present discussion is perhaps Freud's earliest attempt to grapple with the problem of 'reality-testing' (of how we decide whether a thing is real or not), to which he returns at several points below and which occupied him constantly over the years. See Appendix C, p. 394 below.]

[3] ['*Realitätszeichen*.' The almost identical term, '*Kennzeichen der Realität*', appears in the metapsychological paper on dreams (1917*d*), *Standard Ed.*, **14**, 232.]

cathexis takes place subject to *inhibition*, as becomes possible when there is a cathected ego, a quantitative instance can be imagined in which the wishful cathexis, not being intense enough, produces no *indication of quality*, whereas the external perception would produce one. In this instance, therefore, the criterion would retain its value. For the difference is that the *indication of quality* follows, if it comes from outside, whatever the intensity of the cathexis, whereas, if it comes from ψ, it does so only when there are large intensities. It is accordingly *inhibition by the ego which makes possible a criterion for distinguishing between perception and memory.* Biological experience will then teach that discharge is not to be initiated till the *indication of reality* has arrived, and that with this in view the cathexis of the desired memories is not to be carried beyond a certain amount.

On the other hand, the excitation of the ω neurones can also serve to protect the ψ system in the second case: that is, by drawing the attention of ψ to the fact of a perception being present or absent. For this purpose it must be assumed that the ω neurones are originally linked anatomically with the paths of conduction from the various sense-organs and that they [the ω neurones] direct their discharge back to the motor apparatuses belonging to those same sense organs. In that case the information of the latter discharge (the information of *reflex attention*) will act to ψ biologically as a signal[1] to send out a quantity of cathexis in the same directions.

So then, if there is inhibition by a cathected ego, the indications of ω discharge become quite generally *indications of reality*, which ψ learns, biologically, to make use of. If, when an *indication of reality* of this kind emerges, the ego is in a state of wishful tension, it will allow discharge towards the specific action to follow [p. 318]. If an increase of unpleasure coincides with the *indication of reality*, then ψ will, by means of a side-cathexis of suitable magnitude, institute a defence of normal magnitude at the point indicated. If neither of these is the case,[2] the cathexis will be allowed to proceed unhindered according to the circumstances of the facilitations.[3] Wishful cathexis to the point of hallucination [and] complete generation of unpleasure which involves a complete expenditure of defence are described by us

[1] [This is perhaps a first hint at the much later theory of anxiety as a signal. See the Editor's Introduction to *Inhibitions, Symptoms and Anxiety* (1926*d*), ibid., **20**, 83. Cf. also pp. 358, 359 and 382 below.]

[2] [I.e. if neither a wishful state nor an increase of unpleasure is present when the indication of reality is received.]

[3] [The relative distribution of quantities and contact-barriers (p. 323).]

as *psychical primary processes*; by contrast, those processes which are only made possible by a good cathexis of the ego, and which represent a moderation of the foregoing, are described as *psychical secondary processes*. It will be seen that the necessary precondition of the latter is a correct employment of the *indications of reality*, which is only possible when there is inhibition by the ego.

[16] *Cognition and Reproductive Thought*[1]

We have brought forward the hypothesis that, during the process of wishing, inhibition by the ego brings about a moderated cathexis of the object wished-for, which allows it to be cognized as not real; and we may now proceed with the analysis of this process. Several possibilities may occur. In the first case: simultaneously with the wishful cathexis of the mnemic image, the perception of it is present. If so, the two cathexes coincide—which cannot be made use of biologically—but, in addition, the indication of reality arises from ω, after which, as experience shows, the discharge is successful [p. 326]. This case is easily dealt with. In the second case,[2] the wishful cathexis is present and along with it a perception which does not tally with it wholly but only in part. For the time has come to remember that perceptual cathexes are never cathexes of single neurones but always of complexes. So far we have neglected this feature; it is time to take it into account. Let us suppose that, quite generally, the wishful cathexis relates to neurone a + neurone

[1] [In the MS. the title of this section reads '*Das Erkennen u[nd] reproduzierende Denken*'. *Anf.*, 411, alters this to '*Das erkennende und reproduzierende Denken*' ('Cognitive and Reproductive Thought').—Sections 16, 17 and 18 of Part I, as well as almost the whole of Part III, are concerned with the classification and analysis of processes of thought. In the discussion in Part I the main distinction drawn is between, on the one hand, the very closely related and possibly identical concepts of 'cognition' and 'judgement' and, on the other hand, that of 'reproductive thought', which covers such functions as remembering, wishing, desiring and expecting. In Part III the same points are reviewed, but with much deeper penetration. 'Reproductive thought' disappears almost completely from view, and fresh terms are introduced, such as 'practical thought', 'observant thought', 'theoretical thought' and 'critical thought'. It will be found that these very difficult discussions become a little easier to follow when *both* those in Part III and Part I are taken into account, since they often cover the same ground and throw light on each other.]

[2] [A third case is discussed on p. 330 ff.]

b, and the perceptual cathexis to neurone *a* + *c*. Since this will be the commoner case, commoner than that of identity, it calls for more exact consideration. Biological experience will teach here once again [p. 326] that it is unsafe to initiate discharge if the indications of reality do not confirm the whole complex but only a part of it. A way is now found, however, of completing the similarity into an identity. The perceptual complex, if it is compared with other perceptual complexes, can be dissected into a component portion, neurone *a*, which on the whole remains the same, and a second component portion, neurone *b*, which for the most part varies. Language will later apply the term *judgement* to this dissection and will discover the resemblance which in fact exists between the nucleus of the ego and the constant perceptual component [on the one hand] and between the changing cathexes in the pallium [pp. 315 and 323] and the inconstant component [on the other]; it [language] will call neurone *a* the *thing* and neurone *b* its activity or attribute—in short, its *predicate*. [Cf. pp. 331–2, 366 and 383.]

Thus *judging* is a ψ process which is only made possible by inhibition by the ego and which is evoked by the dissimilarity between the *wishful cathexis* of a memory and a perceptual cathexis that is similar to it. It can be inferred from this that coincidence between the two cathexes becomes a biological signal for ending the act of thought and for allowing discharge to begin. Their non-coincidence gives the impetus for the activity of thought, which is terminated once more with their coincidence.[1]

The process can be analysed further. If neurone *a* coincides [in the two cathexes] but neurone *c* is perceived instead of neurone *b*, then the activity of the ego follows the connections of this neurone *c* and, by means of a current[2] of $Q\dot{\eta}$ along these connections, causes new cathexes to emerge until access is found to the missing neurone *b*. As a rule, the image of a movement [a motor image] arises which is interpolated between neurone *c* and neurone *b*, and, when this image is freshly activated through a movement carried out really, the perception of neurone *b*, and at the same time the identity that is being sought,[3] are established. Let us suppose, for instance, that the mnemic image wished for [by a child] is the image of the mother's breast and a front view of its nipple, and that the first

[1] [Cf. the similar account of judgement in 'Negation' (1925*h*), ibid., **19**, 238.]

[2] [Freud originally wrote '*Besetz[un]g*' ('cathexis') here, but crossed it out and put '*Ström[un]g*' ('current') instead.]

[3] [See footnote 5, p. 332 below.]

perception is a side view of the same object, without the nipple. In the child's memory there is an experience, made by chance in the course of sucking, that with a particular head-movement the front image turns into the side image. The side image which is now seen leads to the [image of the] head-movement; an experiment shows that its counterpart must be carried out, and the perception of the front view is achieved.[1]

There is not much judgement about this as yet; but it is an example of the possibility of arriving, by a reproduction of cathexes, at an action which is already one of the accidental offshoots of the specific action.

There is no doubt that it is *Qη* from the cathected ego which underlies this travelling along the facilitated neurones and that this travelling is dominated not by the facilitation but by an aim. What is this aim and how is it reached?

The aim is to go back to the missing neurone *b* and to release the sensation of identity—that is, the moment at which only neurone *b* is cathected, at which the travelling cathexis debouches into neurone *b*. [Cf. pp. 332 and 3[illegible]8.] It is reached by means of an experimental displacement of *Qη* along every pathway, and it is clear that for this purpose sometimes a larger and sometimes a smaller expenditure of side-cathexis is necessary, according to whether one can make use of the facilitations that are present or whether one has to work against them. The struggle between the established facilitations and the changing cathexes is characteristic of the secondary process of reproductive thought, in contrast to the primary sequence of association.

What is it that directs this travelling? The fact that the wishful idea of the memory[2] [i.e. of neurone *b*] is kept cathected while the association is followed from neurone *c*. As we know [p. 319], a cathexis like this of neurone *b* makes all its possible connections themselves more facilitated and accessible.

In the course of this travelling it may happen that the *Qη*

[1] [The hungry baby is used as an illustration in similar conditions on pp. 297 and 318 above, but also in *The Interpretation of Dreams* (1900*a*), ibid., **5**, 565.]

[2] [The text is uncertain here. *Anf.*, 414, reads '*die Wunschvorstellungs-Erinnerung*', which makes poor sense and is certainly not given by the MS. The word begins with '*Wunsch*' but what follows is doubtful and there is neither an '*s*' nor a hyphen at the end of the first part; the second part is quite clearly '*Erinnerung*'. What one would expect might possibly be '*die Wunschvorstellung der Erinnerung*' (as conjectured in the translation above), but this again is certainly not given by the MS. The general sense is, in any case, clear. Cf. the similar passage on p. 376 below.]

comes upon a memory which is connected with an experience of pain and thus gives occasion for a release of unpleasure. Since this is a sure sign that neurone *b* is not to be reached along that pathway, the current is at once diverted from the cathexis in question. Unpleasurable paths, however, retain their great value in directing the current of reproduction.

[17] *Remembering and Judging*

Thus reproductive thought has a practical aim and a biologically established end—namely, to lead a $Q\dot{\eta}$, which is travelling from the superfluous [unwanted] perception, back to the cathexis of the missing neurone. With this, identity[1] and a right to discharge are achieved, if in addition the indication of reality appears from neurone *b*. The process can, however, make itself independent of this latter aim and strive only for identity. If so, we have before us a pure act of thought, though this can in any case be put to practical use later. Here, moreover, the cathected ego is behaving in exactly the same way.

We now come to a third possibility that can arise in a wishful state:[2] when, that is, there is a wishful cathexis and a perception emerges which does not coincide in any way with the wished-for mnemic image (mnem. +).[3] Thereupon there arises an interest for *cognizing* this perceptual image, so that it may perhaps after all be possible to find a pathway from it to mnem. +. It is to be assumed that, with this aim in view, the perceptual image is again hypercathected[4] from the ego, as happened in the previous case with only a component part of it, neurone *c*. If the perceptual image is not absolutely new, it will now *recall* and *revive* a mnemic perceptual image with which it coincides at least partly.[5] The previous process of

[1] [Cf. footnote 5, p. 332 below.]

[2] [For the first two, see p. 327.]

[3] [The 'plus' sign seems to indicate 'wished-for'. It appears again later on—on p. 376 f. below.]

[4] [I.e. receives an extra amount of cathexis. A list of some late occurrences of the term is given in a footnote to Lecture XXIII of the *Introductory Lectures* (1916–17), *Standard Ed.*, **16**, 374, *n.* 2. See also Appendix C, p. 393, *n.* 2 below.]

[5] [In the last sentence, *Anf.*, 415, systematically alters the gender of '*W*' from the neuter '*Wahrnehmungsbild*' 'perceptual image' (of the MS.) to the feminine '*Wahrnehmung*' ('perception'), and in the sentence before, expands '*W*' into '*die Wahrnehmung*' instead of into the more probable '*Wahrnehmungsbild*'.]

thought is now repeated in connection with this mnemic image, though to some extent without the *aim* which was afforded previously[1] by the cathected wishful idea [p. 329].

In so far as the cathexes coincide, they give no occasion for activity of thought. On the other hand, the non-coinciding portions 'arouse interest' and can give occasion for activity of thought in two ways. The current is either directed on to the *aroused* memories and sets an aimless activity of memory at work, which is thus moved by differences and not by similarities, or it [the current] remains in the components [of the perception] which have newly emerged and in that case exhibits an equally aimless *activity of judging*.[2]

Let us suppose that the object which furnishes the perception resembles the subject—a *fellow human-being*. If so, the theoretical interest [taken in it] is also explained by the fact that an object *like this* was simultaneously the [subject's] first satisfying object and further his first hostile object, as well as his sole helping power. For this reason it is in relation to a fellow human-being that a human-being learns to cognize. Then the perceptual complexes proceeding from this fellow human-being will in part be new and non-comparable—his *features*, for instance, in the visual sphere; but other visual perceptions—e.g. those of the movements of his hands—will coincide in the subject with memories of quite similar visual impressions of his own, of his own body, [memories] which are associated with memories of movements experienced by himself. Other perceptions of the object too—if, for instance, he screams—will awaken the memory of his [the subject's] own screaming and at the same time of his own experiences of pain. Thus the complex of the fellow human-being falls apart into two components, of which one makes an impression by its constant structure and stays together as a *thing*, while the other can be *understood* by the activity of memory—that is, can be traced back to information from [the subject's] own body.[3] This dissection of a perceptual complex is described as *cognizing* it; it involves a *judgement* and when this last aim has been attained it comes to an end.

[1] [There is a second '*vorhin*' in the MS. at this point in the sentence. Omitted in *Anf.*, 415.]

[2] [The italicizing in this paragraph follows the underlining in the MS. One would have expected 'activity of memory' to be stressed rather than 'aroused', in contrast to 'activity of judging'.]

[3] [As the editors of the *Anfänge* point out, a distant approach to this idea may be seen in a passage in Chapter VII of Freud's book on jokes (1905*c*), in which he discusses 'ideational mimetics', *Standard Ed.*, 8, 192 ff.]

Judgement, as will be seen, is not a primary function,[1] but presupposes the cathexis from the ego of the disparate [non-comparable] portions [of the perception]; in the first instance it has no practical purpose and it seems that during the process of judging the cathexis of the disparate components is discharged, for this would explain why activities, 'predicates' [p. 328], are separated from the subject-complex by a comparatively loose pathway.[2]

It would be possible from this point to enter deeply into the analysis of the act of judgement, but this would divert us from our topic. Let us content ourselves with bearing firmly in mind that it is the original interest in establishing the situation of satisfaction that has led, in the one case to *reproductive consideration*[3] and in the other to *judging*, as a method of proceeding from the perceptual situation that is given in reality to the situation that is wished-for.[4] The necessary precondition for this remains that the ψ processes should not pursue their passage uninhibited but in conjunction with an active ego. The eminently practical sense of all thought-activity would in this way seem to be demonstrated.

[18] *Thought and Reality*

The aim and end of all thought-processes is thus to bring about a *state of identity*, the conveying of a cathexis $Q\dot{\eta}$ [*sic*], emanating from outside, into a neurone cathected from the ego.[5] *Cognitive* or *judging* thought seeks an identity with a bodily cathexis, *reproductive* thought seeks it with a psychical cathexis of one's own[6] (an experience of one's own). Judging thought

[1] [In the MS.: '*Primärf.*' '*Primärfunktion*' in *Anf.*, 416. This in no way conflicts with the distinction drawn in the next section between primary and secondary judging.]

[2] [This is made more intelligible later: see pp. 366 and 383.]

[3] ['*Reproduzierendes Nachdenken.*' Everywhere else here the word used is '*Denken*'.—The alternative cases recall those mentioned on p. 331 of 'an aimless activity of memory' and 'an aimless activity of judging'.—See also p. 358, *n.* 2 below.]

[4] [The subject of judgement was discussed by Freud on quite similar lines thirty years later, in his paper on the 'Mystic Writing-Pad' (1925*a*), ibid., **19**, 238.]

[5] [Cf. p. 329. A similar line of thought is developed in Chapter VII (C) and (E) of *The Interpretation of Dreams* (1900*a*), ibid., **5**, 566-7 and 602-3, where Freud speaks of 'perceptual identity' and 'thought identity'.]

[6] ['*Eigenen*' in the MS. Omitted in *Anf.*, 417. For this rather obscure sentence, cf. the discussion of cognizing on p. 331 above.]

operates in advance of reproductive thought by furnishing it with ready-made facilitations for further associative travelling. If after the conclusion of the act of thought the indication of reality reaches the perception,[1] then a *judgement of reality, belief*, has been achieved and the aim of the whole activity attained.

As regards judging, there is further to be remarked that its basis is obviously the presence of bodily experiences, sensations and motor images of one's own. So long as these are absent, the variable[2] portion [p. 328] of the perceptual complex remains ununderstood—that is, it can be reproduced but does not point a direction for further paths of thought. Thus, for instance, and this will become important in what follows [in Part II], no sexual experiences produce any effect so long as the subject is ignorant of all sexual feeling—in general, that is, till the beginning of puberty.

Primary judging seems to presuppose a lesser influence by the cathected ego than do reproductive acts of thought. In this [in primary judging] it is a matter of pursuing an association which is due to partial coincidence [between the wishful and perceptual cathexes]—an association to which no modification is applied.[3] And indeed, cases also occur in which the associative process of judging is carried out with a full [amount of] quantity. The perception may correspond to an object-nucleus + a motor image. While one is perceiving the perception, one copies the movement oneself—that is, one innervates so strongly the motor image of one's own which is aroused towards coinciding [with the perception], that the movement is carried out. Hence one can speak of a perception having an *imitation-value*.[4] Or the perception may arouse the mnemic image of a sensation of pain of one's own, so that one feels the corresponding unpleasure and repeats the appropriate defensive movement. Here we have the *sympathy-value* of a perception.

In these two cases we must no doubt see the *primary process* in

[1] [*Anf.*, 417, adds the word '*hinzu*' ('as well') (not in the MS).]

[2] ['*Variable*' in the MS. *Anf.*, 417, has, inexplicably, '*verarbeitende*' ('modifying').]

[3] [This is incorrectly printed in *Anf.*, 417, which has a comma at this point, followed by a '*so*' with *small* initial. Actually the MS shows a plain full stop, and the next word begins with a capital 'S'—a letter which in the Gothic hand cannot possibly be confused with a small 's'. The emendation of this very difficult passage was perhaps made because the sentence ending here does not read grammatically in the original.]

[4] [Cf. p. 367 below, and also footnote 3, p. 331 above.]

respect of judging,[1] and we may assume that all secondary judging has come about through a mitigation of these purely associative processes. Thus judging, which is later a means for the *cognition* of an object that may possibly be of practical importance, is originally an associative process between cathexes coming from outside and arising from one's own body—an *identification of information or cathexes from φ and from within.* It is perhaps not wrong to suspect that it [judging] at the same time represents a method by which *Q*s coming from φ can be transmitted and discharged. What we call *things* are residues which evade being judged.

The example of judgement gives us for the first time a hint of the difference in their quantitative characteristic which is to be discovered between thought and the primary process. It is justifiable to suppose that during *thought* a slight current of motor innervation passes from ψ—only, of course, if during the process a motor or key neurone [p. 320] has been innervated. Nevertheless, it would be wrong to take this discharge for the process of thought itself, of which it is only an unintended subsidiary effect. The *process of thought* consists in the cathexis of ψ neurones, accompanied by a change, brought about by side-cathexis from the ego, in what is imposed by the facilitations. It is intelligible from the mechanical point of view[2] that here only a part of the $Q\eta$ is able to follow the facilitations and that the magnitude of this part is constantly regulated by the cathexes. But it is also clear that at the same time enough $Q\eta$ is economized by this to make the reproduction profitable as a whole. Otherwise, *all* the $Q\eta$, which is finally needed for discharge, would be given off at the points of motor outlet during the course of its passage. *Thus the secondary process is a repetition of the original ψ passage* [of quantity], *at a lower level, with smaller quantities.*[3]

'With $Q\eta$'s even smaller', it will be objected, 'than those that ordinarily pass through in ψ neurones? How can it be arranged that such small $Q\eta$'s shall have open to them pathways which, after all, are only traversable by larger ones than ψ as a rule receives?' The only possible reply is that this must be a mechanical result of the side-cathexes. We must conclude that matters stand in such a way that when there is a side-cathexis small $Q\eta$'s flow through facilitations which would ordinarily be

[1] [I.e. in the cases of imitation and of sympathy.]

[2] [Cf. footnote 3, p. 305.]

[3] [This theory of the economics of thought is another basic idea running through all Freud's later writings. See the long list of references in a footnote to Lecture XXXII of the *New Introductory Lectures* (1933a), ibid., 22, 89.]

traversed only by large ones. The side-cathexis as it were *binds* a quota of the $Q\dot{\eta}$ flowing through the neurone.[1]

There is a further condition that thought must satisfy. It must make no essential change in the facilitations created by the primary processes; otherwise, indeed, it would falsify the traces of reality. Of this condition it is enough to remark that facilitation is probably the result of a single [passage of a] major quantity and that cathexis, though very powerful at the moment, nevertheless does not leave any comparable lasting effect behind it. The small Qs that pass during thought cannot in general prevail against the facilitations.

There is no doubt, however, that the process of thought does leave lasting traces behind it, since a second thinking, a re-thinking,[2] calls for so much less expenditure [of energy] than a first. In order that reality shall not be falsified, therefore, special traces are needed, signs of the processes of thought, constituting a thought-memory which it is not yet possible to shape. We shall hear later by what means the traces of thought-processes are distinguished from those of reality.[3]

[19] *Primary Processes—Sleep and Dreams*[4]

The question now arises as to what, then, the quantitative means may be by which the ψ *primary process* is sustained. In the case of an *experience of pain* it is evidently the irrupting Q from outside; in the case of an *affect* it is the endogenous Q[5] released by facilitation. In the case of the secondary process of *reproductive thought* a greater or lesser $Q\dot{\eta}$ can obviously be transferred to neurone *c* from the ego [p. 328], and this [$Q\dot{\eta}$] may be described as *thought interest*,[6] and be proportionate to the *affective interest* where that may have developed. The question is only whether there are ψ processes of a primary nature for which the $Q\dot{\eta}$ supplied from ϕ is sufficient or whether the ϕ cathexis of a perception is automatically supplemented by a ψ contribution

[1] [The concept of 'binding' and this whole subject is more fully discussed in Part III, p. 368 ff. below. See also Appendix C, p. 393 below.]

[2] ['*Überdenken*.' Cf. p. 300 above and p. 379 below.]

[3] [See below in Part III, particularly pp. 366 and 378–9.]

[4] [The later part of this section and the two following ones contain much that anticipates *The Interpretation of Dreams*.]

[5] ['*Qend*' in the MS. *Anf.*, 419, simply reads '*Quantität*', having apparently failed to recognize the '*end*'. Cf. also p. 320.]

[6] [This is perhaps equivalent to the 'attention' mentioned in the next sentence and discussed at length in Part III (p. 361 ff.).]

(attention) which alone makes a ψ process possible. [See p. 337 below.] This question must remain an open one, though it may perhaps be decided if it is specially applied to [some] psychological facts.

It is an important fact that ψ *primary processes*, such as have been biologically suppressed in the course of ψ development, are daily presented to us during sleep. A second fact of the same importance is that the pathological mechanisms which are revealed in the psychoneuroses by the most careful analysis have the greatest similarity to dream-processes. The most important conclusions follow from this comparison, which will be enlarged on later [p. 341].[1]

First, the fact of sleep must be brought into our theory. The *essential precondition* of sleep may be clearly recognized in children. Children sleep so long as they are not tormented by any [physical] need or external stimulus (hunger and cold from wetting). They go to sleep after being satisfied (at the breast). Adults, too, fall asleep easily *post coenam et coitum*[2] [after dining and copulating]. Accordingly, the precondition of sleep is a *lowering of the endogenous load in the ψ nucleus*, which makes the secondary function superfluous. In sleep an individual is in the ideal state of inertia, rid of his store of $Q\dot{\eta}$ [p. 297].

In adults[3] this store is collected in the 'ego' [p. 323]; we may assume that it is the *unloading of the ego* which determines and characterizes sleep. And here, as is immediately clear, we have the *precondition of psychical primary processes*.

It is not certain whether in adults the *ego* is completely relieved of its burden in sleep. In any case it[4] withdraws an enormous number of its cathexes, which, however, are restored on awakening, immediately and without trouble. This contradicts none of our presuppositions; but it draws attention to the fact that we must assume that between neurones which are properly linked there are currents that affect the total level [of cathexis] as happens in intercommunicating pipes, although the height of the level in the different neurones need only be proportionate and not necessarily uniform [cf. p. 370].

The peculiarities of sleep reveal a number of things which it might not have been possible[5] to guess.

[1] [This paragraph contains what was probably the first statement of one of Freud's most momentous observations.]

[2] [Translator's italics.]

[3] [In the MS. '*beim Erwachenen*' (cf. the next paragraph). In *Anf.*, 420, this was misread '*beim Erwachen*' ('on waking up').]

[4] ['*Es*' in the MS.; '*er*' ('he') in *Anf.*, 420.]

[5] ['*Liesse*' in the MS. *Anf.*, 421, has '*lasst*' ('may not be possible').]

Sleep is characterized by *motor paralysis* (*paralysis of the will*).[1] The will is the discharge of the total ψ $Q\eta$ [p. 317]. In sleep the spinal tonus is in part relaxed, it is probable that the motor ϕ discharge is manifested in tonus; other innervations persist [in sleep] together with the sources of their excitation.

It is a highly interesting fact that the state of sleep begins and is evoked by a closure of those sense organs that are capable of being closed.[2] Perceptions should not be made during sleep, and nothing disturbs sleep more than the emergence of sense-impressions, cathexes entering ψ from ϕ. This seems to indicate that during day-time a constant, even though displaceable, cathexis (*attention*) is sent into the pallium neurones, which receive perception from ϕ [p. 315], so that it may well be that the carrying-out of the ψ primary processes is made possible with the help of this ψ contribution [p. 336]. Whether the pallium neurones themselves are already precathected, or adjoining nuclear neurones, remains to be seen. If ψ withdraws these pallium cathexes, the perceptions take place upon uncathected neurones and are slight, and perhaps not capable of giving an indication of quality from ω [p. 325][3]. As we have conjectured, along with the emptying of the ω neurones, the innervation of a discharge which increases attention comes to a stop as well. It is from *here*, too, that the enigma of hypnotizing would have to be approached. The apparent unexcitability of the sense organs [in hypnosis] must rest on this withdrawal of the cathexis of attention.[4]

Thus, by an automatic mechanism, the counterpart of the mechanism of attention, ψ excludes the ϕ impressions so long as it itself is uncathected.

But what is strangest of all is that during sleep ψ processes occur — dreams, which have many characteristics that are not understood.

[1] [This is often insisted on in later writings, e.g. *The Interpretation of Dreams* (1900a), ibid., **5**, 555. The subject is expanded below, p. 338.]

[2] [Cf. *The Interpretation of Dreams*, ibid., **4**, 23.]

[3] [The MS. reads '... *vielleicht nicht im Stande von ω aus ein Qualz zu geben.*' *Anf.*, 421, reads incorrectly: '... *vielleicht nicht im Stande, von Wahrnehmungen aus ein Quantitätszeichen zu geben.*' ('... perhaps not capable of giving an indication of quantity from perceptions'). Something of the same sort as here is suggested in, among other places, the paper on the 'Mystic Writing-Pad' (1925a), ibid., **19**, 231.]

[4] [Freud referred to this possibility again in his *Group Psychology* (1921c), ibid., **18**, 126, where a footnote gives references to other effects of the withdrawal of attention.]

[20] *The Analysis of Dreams*

Dreams exhibit every transition to the waking state and to a mixture with normal ψ processes; yet it is easy to sift out what is genuinely in the nature of a dream.

(1) Dreams *are devoid of motor discharge* and, for the most part, of motor elements. We are paralysed in dreams [p. 337].

The easiest explanation of this characteristic is the absence of spinal precathexis owing to the cessation of φ discharge. The motor excitation cannot pass over the [?] barrier[1] when a neurone is uncathected [p. 319]. In other dream-states movement is not excluded. This is not the most essential[2] characteristic of dreams.

(2) The connections in dreams are partly *nonsensical*, partly *feeble-minded*, or even meaningless or strangely crazy.

This latter characteristic is explained by the fact that in dreams the *compulsion to associate* prevails, as no doubt it does primarily in psychical life generally.[3] Two cathexes that are present simultaneously *must*, so it seems, be brought into connection. I have collected some comic examples of the dominance of this compulsion in waking life. (For instance, some men from the provinces who were present at the time of the [bomb] outrage in the French Chamber concluded that as a sign of applause after every successful speech by a deputy—a shot was fired.)[4]

The two other characteristics, which are in fact identical, show that a part of the [dreamer's] psychical experiences have been forgotten. Actually, indeed, all the biological experiences which ordinarily inhibit the primary process are forgotten, and this is owing to the lack of ego-cathexis. The senselessness and illogicality of dreams are probably to be attributed to this very same characteristic. It seems as though ψ cathexes that have not been withdrawn level themselves off partly in the direction of their nearest facilitations and partly in the direction of their

[1] [*Anf.*, 422, gives '*Schranke*', the usual word for 'barrier'. In the MS., however, the word appears to be '*Pyschranke*'; the 'Py' is particularly clearly written, in Roman script, the rest of the word, equally clear, is in Gothic. These two letters are quite unexplained and have simply been omitted in *Anf.*]

[2] ['*Wesentlichste*' in the MS., '*wesentliche*' ('essential') in *Anf.*, 422.]

[3] [This is mentioned above (p. 319). Freud had discussed this 'compulsion to associate' in the course of a long footnote to one of his case histories in *Studies on Hysteria* (1895*d*), ibid., **2**, 69 *n*. He applied it there already as an explanation of the senselessness of dreams, and he recurred to the idea in *The Interpretation of Dreams*, ibid., **4**, 178–9.]

[4] [This anecdote was included in *The Interpretation of Dreams*, in a rather different connection, ibid., **5**, 500.]

neighbouring cathexes. If the ego were completely unloaded, sleep would necessarily be dreamless.

(3) Dream ideas are of a hallucinatory kind; they awaken consciousness and meet with belief.[1]

This is the most important characteristic of sleep. It appears at once when there are alternating spells of sleeping [and waking]. One shuts one's eyes and hallucinates, one opens them and thinks in words. There are several explanations of the hallucinatory nature of dream-cathexes. In the first place, it might be supposed that the *current* from ϕ to motility has [during waking life] prevented a retrogressive cathexis of the ϕ neurones from ψ,[2] and that when this current ceases ϕ is retrogressively cathected and the necessary precondition for [the generation of] quality thus fulfilled. The only argument against this is the consideration that the ϕ neurones, by the fact of being uncathected, should be protected against cathexis from ψ, just as is motility. It is distinctive of sleep that it reverses the whole situation here, that it suspends the motor discharge from ψ and makes the retrogressive one to ϕ possible. It is tempting to assign the determining role here to the great current of discharge in waking life, ϕ—motility.[3] Secondly, we might revert to the nature of the primary process and point out that the primary memory of a perception is always a hallucination and that only inhibition by the ego has taught us never to cathect a perceptual image in such a way that it is able to transfer [$Q\eta$] retrogressively to ϕ. [See pp. 325 and 326.] To make the hypothesis more acceptable, it might be added in this connection that in any case the conduction ϕ—ψ takes place more easily than the conduction ψ—ϕ; so that a ψ cathexis of a neurone, even if it greatly exceeds the perceptual cathexis of the same neurone, need nevertheless still not[4] conduct retrogressively. This explanation is further supported by the circumstance that in dreams the vividness of the hallucination is directly proportionate to the importance—that is, to the quantitative cathexis—of the idea concerned. This indicates that it is Q which determines the hallucination. If a

[1] [This fact is reasserted and its importance insisted on in Freud's metapsychological paper on dreams (1917*d* [1915]), ibid., **14**, 230.]

[2] [*Anf.*, 423, has made some slight changes in the order of these last few words; but the sense has not been affected. Here we have an approach to what Freud was later to call 'regression'. His use of the concept will be found discussed in Appendix A at the end of Part I (p. 344 below).]

[3] [This explanation of regression is considered and criticized in *The Interpretation of Dreams*, ibid., **5**, 544.]

[4] [In the MS.: '*doch noch nicht*'. *Anf.* 423, omits '*noch*' ('still').]

perception comes from ϕ in waking life, it is no doubt made clearer by ψ cathexis (interest), but not more vivid, it does not alter its quantitative characteristic.[1]

(4) The aim and sense of dreams (of normal ones, at all events) can be established with certainty. They [dreams] are *wish-fulfilments*[2]—that is, primary processes following upon experiences of satisfaction [p. 319]; and they are only not recognized as such because the release of pleasure (the reproduction of traces of pleasurable discharges [p. 312][3]) in them is slight, because in general they run their course almost without affect (without motor release). That this is their nature is, however, very easily shown. It is precisely from this that I am inclined to infer *that primary wishful cathexis, too, was of a hallucinatory nature* [p. 319].

(5) It is noteworthy how poorly dreams are remembered and how little harm they do as compared with other primary processes. But this is easily explained from the fact that, for the most part, they follow old facilitations and thus make no change [in them], that ϕ experiences[4] are held back from them and that, owing to the paralysis of motility, they [dreams] do not leave traces of discharge behind them.

(6) It is interesting, furthermore, that *consciousness* in dreams furnishes quality with as little trouble as in waking life. This shows that consciousness does not cling to the ego but can become an addition to any ψ processes. It warns us, too,[5] against possibly identifying primary processes with unconscious ones. *Here are two invaluable hints for the future!*[6]

[1] [The question of clarity and vividness in dreams receives much more complicated treatment in *The Interpretation of Dreams*: e.g. ibid., 4, 330–1.]

[2] [The first hint of this discovery was in a letter to Fliess of March 4, 1895 (Letter 22, p. 213 above). The final confirmation was reached in the analysis of the dream of 'Irma's injection' dreamt by Freud on the night of July 23–24, 1895, only a couple of months earlier than the present discussion. It is reported briefly in the next section.]

[3] [In the MS.: '*Lustabfuhrspuren*'. In *Anf.*, 424: '*Lustabfuhren*' ('pleasurable discharges').]

[4] ['*φ Erlebnisse*' in the MS.; *Anf.*, 424, misprints this '*ψ Erlebnisse*'.]

[5] ['*Auch*' in the MS.; omitted in *Anf.* 424.]

[6] [In the MS. this sentence forms the conclusion of the paragraph and obviously refers back to the two points just made in it. In *Anf.*, 424, the sentence is made into the first one of the following paragraph, as though referring forwards.—Incidentally, the 'two invaluable hints' might be quotations from one of Freud's latest writings some thirty years later. But he had in fact already said something to the same effect in his preface, written in 1888, to his translation of Bernheim's book on suggestion. See above p. 84.]

If, when the memory of a dream is retained, we enquire into its content, we find that the meaning of dreams as wish-fulfilments is concealed by a number of ψ processes: all of which are met with once more in neuroses and characterize the latter's pathological nature [p. 336].[1]

[21] *Dream Consciousness*

Consciousness of dream ideas is above all discontinuous. What becomes conscious is not a whole succession of associations, but only separate stopping points in it. Between these there lie unconscious intermediate links which we can easily discover when we are awake. If we investigate the reasons for this skipping, here is what we find. Let *A* [Fig. 15] be a dream idea which has

[Fig. 15]

become conscious and which leads to *B*. But instead of *B*, *C* is found in consciousness, and this is because [it][2] lies on the pathway between *B* and a *D* cathexis which is simultaneously present. Thus there is a diversion brought about by a simultaneous cathexis, of a different kind, which, incidentally, is not itself conscious. For that reason, then, *C* has taken the place of *B*, though *B* fits in better with the connection of thought, with the wish-fulfilment.

For instance, [in a dream of my own] R. has given an injection of *propyl* to A. I then see *trimethylamin* before me very vividly, hallucinated as a formula. Explanation:[3] The thought

[1] [Cf. a similar passage in *The Interpretation of Dreams*, where these pathological processes are enumerated and described: ibid., **5**, 595 ff.]

[2] [An '*es*' ('it') which the sense seems to require here is absent in the MS. It is inserted in *Anf.*, 425.]

[3] [What we have here is, of course, a very short account of the famous dream of 'Irma's injection' (referred to in footnote 2, above, p. 340), which is used as the 'specimen dream' in *The Interpretation of Dreams*, ibid., **4**, 106–21 and 294. The present MS. names the patient 'A.', and the doctor 'R.' The editors of *Anf.* have substituted the pseudonyms chosen by Freud in his full account: 'Irma' for the patient and 'O'

simultaneously present [*D*] is the sexual nature of A.'s illness. Between this thought and the propyl [*A*] there is an association from sexual chemistry [*B*], which I had discussed with W. Fl[iess], in the course of which he had drawn my special attention to trimethylamin. This now became conscious [*C*] owing to pressure from both sides.

It is very puzzling that neither the intermediate link [*B*] (sexual chemistry) nor the diversionary idea [*D*] (the sexual nature of the illness) becomes conscious as well, and an explanation of this is called for. One would suppose that the cathexis of *B* or *D* alone is not intense enough to make its way through to a retrogressive hallucination, but that *C*, cathected from both sides, would bring this about. In the example chosen, however, *D* (the sexual nature [of the illness]) was certainly as intense as *A* (the propyl injection) and the derivative of these two, the chemical formula [*C*], was immensely vivid. The puzzle about unconscious intermediate links applies equally to waking thought, where similar events are of daily occurrence. But what remains characteristic of dreams is the *ease with which $Q\eta$ is displaced* [in them] *and* accordingly the *replacement of B by a C which is superior to it quantitatively.*

Similarly with the fulfilment of wishes in dreams generally. What happens is not, for instance, that the wish becomes conscious and that its fulfilment is then hallucinated, but only the latter: the intermediate link is left to be inferred. It has quite certainly been passed through, but without being able to develop qualitatively. It is evident, however, that the cathexis of the wishful idea cannot possibly be stronger than the motive impelling to it. Thus the psychical passage [of excitation] in dreams takes place in accordance with *Q*, but it is not *Q* which decides the question of becoming conscious.

It should also perhaps be inferred from dream-processes that consciousness arises *during* the passage of a $Q\eta$—that is, that it is not awakened by a *constant*[1] cathexis. It should further be suspected that an intense current of $Q\eta$ is not favourable to the generation of consciousness, since it is to the outcome of the

('Otto') for the doctor.—For the last part of this sentence the MS. reads: '*dann sehe ich vor mir* TRIMETHYLAMIN *sehr lebhaft, halluc. als Formel. Erklärung* . . .' *Anf.*, 425, has '*dann sehe ich vor mir* TRIMETHYLAMIN *sehr lebhaft, halluziniere als formale Erklärung* . . .' 'I then see before me *trimethylamin* very vividly, hallucinate as a formal explanation . . .' (The word '*Formel*' followed by a full stop is quite clear in the MS. and is moreover confirmed in the next paragraph and is also confirmed in *The Interpretation of Dreams* (Std. Ed., 4, 107).]

[1] [Translator's italics.]

movement that it [consciousness] attaches—to a comparatively quiet lingering, as it were, of the cathexis. It is hard to penetrate to what it is that really determines consciousness in view of these mutually contradictory preconditions. We must in addition take into account the circumstances in which *consciousness*[1] arises in the secondary process.

The peculiarity of dream consciousness mentioned above may perhaps be explained by the fact that the backward flow of a current of $Q\dot{\eta}$ to ϕ is incompatible with a more energetic current to the ψ paths of association. Other conditions seem to apply to the ϕ processes of consciousness.

25 Sept 95.[2]

[1] [This word is underlined in the MS. The sense would seem to call for the underlining of 'secondary process' instead.]

[2] [This date at the end of Part I of the MS. of the *Project* is wrongly transferred in *Anf.*, 427, to the beginning of Part II.—The day of the month may possibly be read as '28'.]

APPENDIX A

Freud's Use of the Concept of Regression

The concept of regression, foreshadowed in the last two sections of Part I of the *Project*, was to play an increasingly important part in Freud's theories.

In a footnote added in 1914 to Chapter VII (B) of *The Interpretation of Dreams* (*Standard Ed.*, **5**, 542), Freud himself traced back the idea of regression to the thirteenth-century scholastic philosopher Albertus Magnus and to Hobbes's *Leviathan* (1651). But he seems to have derived it more directly from Breuer's theoretical contribution to *Studies on Hysteria* (ibid., **2**, 189), published only a few months before he himself wrote the present work. Breuer there described the retrogressive movement of an excitation from an idea or mnemic image back to a perception (or hallucination) in almost exactly the same way as Freud does here. Both writers used the same word '*rückläufig*', which is here translated 'retrogressive'.

The actual German word '*Regression*' appeared first, so far as we know, (in a similar connection) some eighteen months later than this in a draft sent to Fliess on May 2, 1897 (Draft L, p. 250 above). But its first *publication* was in *The Interpretation of Dreams* (1900*a*), in the passage to which the footnote quoted at the beginning of this Appendix was subsequently attached.

As time went on, the term came to be used in a variety of ways, which were at one point[1] classified by Freud as 'topographical', 'temporal' and 'formal'.

'Topographical' regression is the kind introduced by Breuer and employed in the *Project*, and it forms the main topic of Chapter VII (B) of *The Interpretation of Dreams* (1900*a*). It owes its name to the diagrammatic picture of the mind in that Chapter (ibid., **5**, 537), which represents psychical processes as advancing from the perceptual to the motor end of the psychical apparatus. In topographical regression, the excitation is conceived of as moving backwards towards the perceptual end. The term is thus essentially a description of a psychological phenomenon.

'Temporal' regression has closer relations with clinical material. It emerges first, but without any explicit reference to 'regression', in the 'Dora' case history, which was written in

[1] In a paragraph added to *The Interpretation of Dreams*, also in 1914: *Standard Ed.*, **5**, 548.

1901, though only published four years later (1905e). It occurs there in connection with a discussion of perversions (ibid., 7, 50–1). What is suggested is that, if some accidental event in later life inhibits the normal development of sexuality, the consequence may be the reappearance of the 'undifferentiated' sexuality of childhood.[1] Freud went on to produce for the first time a favourite analogy: 'A stream of water which meets with an obstacle in the river-bed is dammed up and flows back into old channels which had formerly seemed fated to run dry.' The same hypothesis, illustrated by the same analogy, appeared more than once in the *Three Essays* (e.g. ibid., 7, 170), but again without, in the first edition of the work, mentioning the term 'regression', though it occurs in several passages added in later editions (e.g. ibid., 240, added in 1915).[2] This kind of regression was already recognized in the *Three Essays* as playing a part not only in perversions but also in neuroses (ibid., 172) and even in the normal choice of an object at puberty (ibid., 228).

It was not clearly realized at first that there are in fact two different kinds of mechanism involved in this 'temporal' regression. It might be a question simply of a return to an earlier libidinal object or it might be a question of a return of the libido itself to earlier ways of functioning. Both these kinds are in fact already implicit in the discussion of the perversions in the *Three Essays*, where it is plain that there may be a return both to an earlier sexual *object* and to an earlier sexual *aim*. (This distinction is brought out most clearly in Lecture XXII of the *Introductory Lectures* (1916–17), ibid., 16, 341.) Just as the first of these types of temporal regression is particularly characteristic of hysteria, so the second type is specially associated with obsessional neurosis. Examples of this connection were already given in the 'Rat Man' case history (1909d), e.g. ibid., 10, 244–5. But a full realization of its importance was arrived at only with the establishment of the hypothesis of fixation-points[3] and pregenital organizations in the development of the libido. It was then possible to grasp the effect of frustration in causing a regression of the libido to some early fixation-point. This was made especially clear in two papers – on 'Types of Onset of Neurosis' (1912c), ibid., 12, 232 and on 'The Disposition to Obsessional Neurosis' (1913i), ibid., 12, 323–4. But it had already been suspected that

[1] This is, of course, an early hint at what was soon to be described as the 'polymorphously perverse' disposition of children. (Cf. *Three Essays*, 1905d, ibid., 7, 191.)

[2] Freud evidently felt some reluctance at first to extending the application of the term from its 'topographical' to its 'temporal' use.

[3] Cf. the footnote on the term 'fixation', p. 125 above.

a similar process must be in operation, too, in more severe disorders—in schizophrenia and paranoia—evidence for which hypothesis was to be seen in the study of Schreber's autobiography (1911*c*), ibid., **12**, 62.

If we accept Freud's late definition of 'defence' in *Inhibitions, Symptoms and Anxiety*, 1926*d*, ibid., **20**, 163) as a 'general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis', we may perhaps regard all these examples of 'temporal' regression as mechanisms of defence. This, however, can scarcely be said, except in a very roundabout sense, of another clinical manifestation of regression—the transference—which was discussed by Freud in his technical paper on 'The Dynamics of Transference' (1912*b*), ibid., **12**, 102–3. This particular form of temporal regression was the subject of some further interesting remarks in the *History of the Psycho-Analytic Movement* (1914*d*), ibid., **14**, 10–11.

Freud's third kind of regression—'formal' regression—described by him as occurring 'where primitive methods of expression and representation take the place of the usual ones' (*The Interpretation of Dreams*, ibid., **5**, 548)—has been discussed by him mainly in Lectures X, XI and XIII of the *Introductory Lectures*, in connection with dreams, symbolism and linguistics.

Freud's own classifications of these various kinds of regression were not uniform. In the earliest of them, in the *Five Lectures* (1910*a*), ibid., **11**, 49, he described 'temporal' and 'formal' regression. In the paragraph included in 1914 in *The Interpretation of Dreams*, ibid., **5**, 548, he added 'topographical' regression. In his metapsychological paper on dreams (1917*d*), written in 1915, he spoke (ibid., **14**, 222–3) of two sorts of 'temporal' regression, 'one affecting the development of the ego and the other that of the libido'; and a few pages later (ibid., 227) he referred to a 'topographical' regression and distinguished it from 'the previously mentioned temporal or developmental regression'. Lastly, in Lecture XIII of the *Introductory Lectures* (1916–1917), ibid., **15**, 211, he differentiated a 'formal' from a 'material' regression.

In considering these slight variations of terminology, it is as well to recall Freud's final comment in the 1914 paragraph in *The Interpretation of Dreams* (ibid., **5**, 548), which we have quoted more than once: 'All these three kinds of regression are, however, one at bottom and occur together as a rule; for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end.'

PART II

PSYCHOPATHOLOGY

THE first part of this project contained what could be deduced from the basic hypotheses,[1] more or less *a priori*,[2] moulded and corrected in accordance with various factual experiences. This second part seeks to infer from the analysis of pathological processes some further determinants of the system founded on the basic hypotheses, a third part will hope to construct from the two preceding ones the characteristics of the normal passage of psychical events.

A.[3] *Psychopathology of Hysteria*

[*1*] *Hysterical Compulsion*

I start off from things which occur in hysteria without necessarily being peculiar to it. Every observer of hysteria is struck in the first place by the fact that hysterical patients are subject to a *compulsion* which is exercised by *excessively intense* ideas.[4] An idea will, for instance, emerge in consciousness with particular frequency without the passage [of events] justifying it; or the arousing of this idea[5] will be accompanied by psychical consequences that are unintelligible. The emergence of the excessively intense idea brings with it consequences which, on the one hand, cannot be suppressed and, on the other hand, cannot be understood—release of affect, motor innervations, impediments. The subject is by no means unaware of the striking character of the situation.

Excessively intense ideas also occur normally. They lend the

[1] [Here, and four lines below, this word is in the plural in the MS., though *Anf.*, 427, gives it in the singular.]

[2] [Translator's italics.]

[3] [The MS. contains no 'B' corresponding to this 'A'.]

[4] ['*Überstark*' (cf. p. 295 above). The same word is used by Freud in the same connection in the 'Dora' analysis (1905*e* [1901]), *Standard Ed.*, **7**, 54, where it is equated with Wernicke's term '*überwertig*' ('supervalent'), used in its turn by Breuer in *Studies on Hysteria* (1895*d*), ibid., **2**, 247. The underlying notion of the present passage had already been stated by Freud in his discussion of the case of Emmy von N. in the latter volume (ibid., **2**, 86.) (Cf. Wernicke, 1900, 140.)]

[5] [The MS. has either '*dieser N*' [Neurone] ('of these neurones') or '*dieser V*' [*Vorstellung*] ('of this idea'). *Anf.*, 427, chooses the former, but the latter seems to make simpler sense.]

ego its individuality. We are not surprised at them if we know their genetic development (upbringing, experiences) and their motives. We are accustomed to regarding such *excessively intense* ideas as the product of strong and justifiable motives. Hysterical *excessively intense ideas* strike us, on the contrary, by their oddity; they are *ideas* which in other people have no consequences and of whose importance we can make nothing. They appear to us as intruders and usurpers, and accordingly as ridiculous.

Thus, *hysterical compulsion* is (1) *unintelligible*, (2) *incapable of being resolved by the activity of thought*, (3) *incongruous* in its structure.

There is a *simple neurotic* compulsion which may be contrasted with the hysterical kind. For instance, a man may have run into danger by falling out of a carriage, and driving in a carriage may after that be impossible for him. This compulsion is (1) intelligible, since we know its origin and (3)[1] congruous, since the association with danger justifies the link between driving in a carriage and fear. It too, however, is not capable of being resolved by the activity of thought. The latter characteristic is not to be termed entirely pathological, our normal excessively intense ideas, too, are often incapable of being resolved. One would regard neurotic compulsion as not pathological at all if experience did not show that in healthy people a compulsion such as this persists for only a short time after its occasion, and gradually disintegrates. Thus the persistence of the compulsion is pathological and points to a *simple neurosis*.[2]

Now our analyses show that a hysterical compulsion is *resolved* immediately it is *explained* (made intelligible). Thus these two characteristics are in essence one. In analysis we learn, too, the process by which the appearance of absurdity and *incongruity* comes about. The outcome of analysis is, expressed in general terms, as follows:

Before the analysis, *A* is an excessively intense idea, which forces its way into consciousness too often, and each time gives rise to weeping. The subject does not know why he weeps at *A*; he regards it as absurd but cannot prevent it.

After the analysis, it has been discovered that there is an idea

[1] [So in the MS. *Anf.*, 428, has altered this to '(2)'. The '3' refers back, of course, to the list just above.]

[2] [This is not a term commonly used by Freud in any of his contemporary discussions of the classification of the neuroses. It does appear in his second paper on the neuro-psychoses of defence (1896*b*), *Standard Ed.*, 3, 167, where it is used of what he later called the 'actual neuroses'—neurasthenia and anxiety neurosis—as contrasted with the 'psycho-neuroses', hysteria and obsessional neurosis. It seems, however, as though he must be using the term differently in the present connection.]

B, which justifiably gives rise to weeping and which justifiably recurs frequently so long as a certain complicated psychical action has not been performed against it by the subject. The effect of *B* is not absurd; it is intelligible to the subject and can even be combated by him.

B stands in a particular relation to *A*.

For there has been an occurrence which consisted of *B* + *A*. *A* was an incidental circumstance; *B* was appropriate for producing the lasting effect. The reproduction of this event in memory has now taken a form of such a kind that it is as though *A* had stepped into *B*'s place. *A* has become a substitute, a *symbol* for *B*. Hence the incongruity: *A* is accompanied by consequences which it does not seem worthy of, which do not fit in with it.

The *formation of symbols* also takes place normally. A soldier will sacrifice himself for a many-coloured scrap of stuff on a pole, because it has become the symbol of his fatherland, and no one thinks that neurotic.[1]

But a hysterical *symbol* behaves differently. The knight who fights for his lady's glove *knows*, in the first place, that the glove owes its importance to the lady, and, secondly, he is in no way prevented by his adoration of the glove from thinking of the lady and serving her in other respects. The *hysteric*, who weeps at *A*, is quite unaware that he is doing so on account of the association *A*—*B*, and *B* itself plays no part at all in his psychical life. The symbol has in this case taken the place of the *thing* entirely.

This assertion is correct in the strictest sense. We [can] convince [ourselves] that whenever anything is evoked, from outside or by association, which should in fact cathect *B*, *A* enters consciousness instead of it. Indeed, one can infer the nature of *B* from the provoking causes which—in a remarkable fashion—evoke *A*.

[1] [The same example re-appears in *The Interpretation of Dreams* (1900*a*), ibid., **4**, 177.—In this discussion Freud seems for the most part to be using 'symbolization' in the very general sense of 'displacement'. In his contributions to *Studies on Hysteria* (1895*d*) he had used the term in the more restricted sense of the 'conversion' of mental states into physical sensations. (See, for instance, ibid., **2**, 178–80.) These uses are only loosely connected with those found more often in Freud's later writings, especially in connection with dreams. In these an essential condition seems to be that the meaning of the symbol should be absent from consciousness, as is not the case in the next paragraph. The various uses of the concept of 'symbol' were considered by Freud in Lecture X of the *Introductory Lectures* (1916–17), ibid., **15** (especially 152).]

We can sum the matter up: *A* is compulsive, *B* is repressed (at least from consciousness).

Analysis has led to the surprising conclusion: that for every compulsion there is a corresponding *repression*, that for every excessive intrusion into consciousness there is a corresponding amnesia.

The term 'excessively intense' points to quantitative characteristics. It is plausible to suppose that *repression* has the quantitative meaning of being denuded of *Q*, and that the sum of the two [of the compulsion and the repression] is equal to the normal. If so, only the distribution has changed. Something has been added to *A* which has been subtracted from *B*. The pathological process is one of *displacement*, such as we have come to know in dreams—a primary process therefore.[1]

[2] *The Genesis of Hysterical Compulsion*

Several significant questions now arise. Under what conditions does a pathological symbol-formation of this kind [and] (on the other hand) repression come about? What is the operative force in this? In what state are the neurones of the excessively intense idea and those of the repressed one?

Nothing could be surmised here and nothing further constructed, if it were not that clinical experience teaches us two facts. First, repression is brought to bear invariably on ideas which evoke a distressing affect (unpleasure) in the *ego*, secondly on idea[s] from sexual life.[2]

It may already be suspected that it is this unpleasurable affect which puts repression into operation. We have already, indeed, assumed the existence of a *primary defence* which consists in the current of thought being reversed as soon as it comes up against a neurone the cathecting of which releases unpleasure. [Cf. pp. 322 and 329–30.] The justification for this [hypothesis] arose from two experiences: (1) that the cathexis of this neurone was certainly not the one that was being sought for, when the thought-process aimed originally at establishing a situation of ψ satisfaction; (2) that when an experience of pain was brought to an end by a reflex, the hostile perception was replaced by another [p. 322].

We can, however, convince ourselves more directly of the part

[1] [Much of the foregoing argument reappears, on rather different lines, in the 'Dora' analysis (1905*e*), ibid., **7**, 54–5.]

[2] [So in the MS. It will be seen presently (p. 352) that the intended meaning is that an idea must be *both* distressing *and* sexual in order to be repressed.]

played by the defensive affect. If we investigate the state of the repressed [idea] *B*, we discover that that idea is easy to find and bring into consciousness. This is a surprise, for it might well have been supposed that *B* was really forgotten, that no memory-trace of *B* remained in ψ. But no, *B* is a mnemic image like any other; it is not extinguished. But if, as is usual, *B* is a complex of cathexes, then a *resistance* arises, which is uncommonly large and hard to defeat,[1] against activity of thought with *B*. We can at once recognize in this resistance against *B* the amount of the *compulsion* exercised by *A*, and we may conclude that the force which in the past repressed *B* is to be seen here at work once more.[2] At the same time we learn something else. We only knew, indeed, that *B* cannot become *conscious*; nothing was known about the relation of *B* to thought-cathexis. We now learn that the resistance is directed against thought being in any way concerned with *B*, even if it [*B*] has already been made partly conscious. So that instead of excluded from consciousness we may put *excluded from the process of thought.*

Thus there is a defensive process emanating from the *cathected ego* which results in hysterical repression and, along with it, in hysterical compulsion. To that extent the process seems to be differentiated from the ψ primary processes.

[3] *Pathological Defence*

Nevertheless, we are far from a solution. As we know, the outcome of *hysterical repression* differs very widely from that of normal defence, of which we have precise knowledge. It is quite generally the case that we avoid thinking of what arouses only unpleasure, and we do this by directing our thoughts to something else. If, however, we accordingly[3] manage to bring it about that the incompatible [idea] *B* seldom emerges in our consciousness, because we have so far as possible kept it isolated, yet we never succeed in forgetting *B* in such a way that we could not

[1] ['*Schwer zu besiegender*' in the MS. *Anf.*, 430, has '*schwer zu beseitigender*' ('hard to get rid of').]

[2] [This observation of the identity of the forces at work in resistance and repression was to become, as Freud remarked more than once in later years, the corner-stone of psycho-analysis. See, for instance, the *Autobiographical Study* (1925*d*), ibid., **20**, 29–30. The observation is already to be found in *Studies on Hysteria* (1895*d*). See, e.g., ibid., **2**, 157.]

[3] [*Anf.*, 431, prints '*dann noch*' ('in addition to this'). The MS. is doubtful, but probably reads '*darnach*', which seems to make better sense.]

be reminded of it by fresh perception. Now an arousal of this kind cannot be precluded in hysteria either; the difference consists only in the fact that then, instead of *B*, *A* always becomes conscious—that is, is cathected. Thus it is *symbol-formation* of this stable kind which is the function that goes beyond normal defence.

The most obvious explanation of this increased function would be that the greater intensity of the defensive affect is responsible for it. Experience shows, however, that the most distressing memories, which must necessarily arouse the greatest unpleasure (the memory of remorse over bad actions), cannot be repressed and replaced by symbols. The existence of a second precondition for pathological defence [p. 350]—sexuality—also points to the fact that the explanation must be looked for elsewhere. It is quite impossible to suppose that distressing sexual affects so greatly exceed all other unpleasurable affects in intensity. It must be another characteristic of sexual ideas that can explain how it is that sexual ideas are alone subjected to repression.

One further remark must be added here. Hysterical repression evidently takes place with the help of *symbol-formation*, of *displacement* on to other neurones. We might think, then, that the riddle resides only in the mechanism of this displacement, that there is nothing to be explained about repression itself. We shall hear, however, in connection with the analysis of, for instance, obsessional neurosis, that there *repression without* symbol-formation occurs, and indeed that there repression and substitution are chronologically separated. Accordingly, the process of repression remains as the core of the riddle.

[4] *The Hysterical Proton Pseudos*[1]

We have seen that hysterical compulsion originates from a

[1] [These words are in Latin script here in the MS., but in Greek script at the beginning of the next section. This arrangement has been reversed in *Anf.*, 432 and 435. The term occurs in Aristotle's *Prior Analytics* (Book II, Chapter 18, 66a, 16), a work dealing with the theory of the syllogism which was later included in what came to be called the *Organon*. The chapter deals with false premisses and false conclusions, and the particular sentence asserts that a false statement is the result of a preceding falsity ('*proton pseudos*'). Andersson (1962, 195-6) has, however, shown that a Viennese physician, Max Herz, used the same term in a similar context in a paper read by him before the neurological section of a scientific congress in Vienna in 1894. Of this section Freud was then the secretary. (Cf. a letter to Fliess of February 7, 1894, *Anf.*, 91, Letter 16.)]

peculiar kind of *Qή* motion (symbol-formation), which is probably a *primary process*, since it can easily be demonstrated in dreams, [and we have seen] that the operative force of this process is *defence* on the part of the ego, which here, however, is performing more than its normal function [p. 352].[1] We need an explanation of the fact that in the case of an *ego-process* consequences follow to which we are accustomed only with primary processes. We must expect to find special psychical determinants here. We know from clinical evidence that all this only occurs in the *sexual* sphere; so perhaps we shall have to explain the special psychical determinant from natural characteristics of sexuality.

Now, as it happens, there is a special psychical constellation in the sexual sphere which might be of service for our purpose. I will illustrate it (it is known to us empirically) by an example.[2]

Emma is subject at the present time to a compulsion of not being able to go into shops *alone*. As a reason for this, [she produced] a memory from the time when she was twelve years old (shortly after puberty). She went into a shop to buy something, saw the two shop-assistants (one of whom she can remember) laughing together, and ran away in some kind of *affect of fright*. In connection with this, she was led to recall that the two of them were laughing at her clothes and that one of them had pleased her sexually.

The relation of these fragments [to one another] and the effect of the experience are alike unintelligible. If she felt unpleasure at her clothes being laughed at, that must have been corrected long ago, ever since she has been dressing as a [grown-up] lady. Moreover, it makes no difference to her clothes whether she goes into a shop alone or in company. That she is not simply in need of protection is shown by the fact that, as happens with agoraphobia, even the company of a small child is enough to make her feel safe. And there is the quite incongruous fact that one of them pleased her, it would make no difference to this either, if she were accompanied. Thus the memories aroused explain neither the compulsion nor the determination of the symptom.

Further investigation now revealed a second memory, which she denies having had in mind at the moment of Scene I. Nor is

[1] [In the MS.: '*welche aber hier mehr leistet als normal*'. *Anf.*, 432, inserts a '*nicht*' before the '*mehr*' ('is performing no more'). There is no sign whatever in the MS. of '*nicht*', which is in any case contra-indicated by the sense.]

[2] [Freud seems not to have mentioned this case elsewhere.]

there anything to prove this. On two occasions when she was a child of eight she had gone into a small shop to buy some sweets, and the shopkeeper had grabbed at her genitals through her clothes. In spite of the first experience she had gone there a second time; after the second time she stopped away. She now reproached herself for having gone there the second time, as though she had wanted in that way to provoke the assault. In fact a state of 'oppressive bad conscience' is to be traced back to this experience.

We now understand Scene I (shop-assistants) if we take Scene II (shopkeeper) along with it. We only need an associative link between the two. She herself pointed out that it was provided by the *laughing*: the laughing of the shop-assistants had reminded her of the grin with which the shopkeeper had accompanied his assault. The course of events can now be reconstructed as follows. In the shop the two assistants were *laughing*; this laughing aroused (unconsciously) the memory of the shopkeeper. Indeed, the situation had yet another similarity [to the earlier one]: she was once again in a shop alone. Together with the shopkeeper she remembered his grabbing through her clothes; but since then she had reached puberty. The memory aroused what it[1] was certainly not able to at the time, a *sexual release*, which was transformed into anxiety. With this anxiety, she was afraid that the shop-assistants might repeat the assault, and she ran away.

It is quite certainly established that two kinds of ψ processes are mixed up together here, that the memory of Scene II (shopkeeper) occurred in quite a different state from the other one. What happened can be represented thus [Fig. 16]:

[Fig. 16]

[1] ['*Sie*' in the MS., which grammatically can only refer to the memory.]

Of these, the blacked-in ideas[1] are perceptions which are also remembered. The fact that the sexual release too[2] entered consciousness is proved by the otherwise incomprehensible idea that the laughing shop-assistant had pleased her. The outcome —not to remain in the shop alone on account of the danger of assault—is quite rationally constructed having regard to all the pieces of the associative process. However, nothing of the process (represented underneath[3]) entered consciousness except the element clothes; and thought operating *consciously* has made two false connections in the material at its disposal (shop-assistants, laughing, clothes, sexual feeling): that she was being laughed at on account of her clothes and that one of the shop-assistants excited sexual pleasure in her.[4]

The whole complex (unblacked-in[5] [circles]) is represented in consciousness by the one idea clothes, clearly the most innocent one. Here a repression accompanied by symbol-formation has taken place. The fact that the outcome—the symptom—is then quite rationally constructed [see above], so that the symbol plays no part in it, is in point of fact a peculiarity of the case.

It might be said that it is quite usual, as happens here, for an association to pass through unconscious intermediate links until it comes to a conscious one.[6] In that case, the element which

[1] [I.e. those represented by blacked-in circles.]

[2] ['*Auch*' in the MS., omitted in *Anf.*, 434.]

[3] ['*Unten dargestellten*' in the MS. This refers to the unblacked-in circles in the lower part of the diagram. (The blacked-in circles in the upper row stand, as in the case of Fig. 15, p. 341, for *conscious* elements; the lower row, of unblacked-in circles, stand for *unconscious* elements.) The editors of *Anf.* seem to have misunderstood this and to have supposed that the phrase related to the position of the diagram on the page. They accordingly altered it to '*oben dargestellten*' ('represented above'), apparently under the impression that this was a slip of Freud's, for the diagram is 'above' in the MS., just as it is in *Anf.*, 434.]

[4] ['False connections' had been discussed at length by Freud in his case history of Emmy von N. See *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 67–70 *n*. Elsewhere in his early writings the term is more often used specifically of displacement of affect, e.g. in the first paper on the neuro-psychoses of defence (1894*a*), ibid., **3**, 52.]

[5] [In the MS. '*lichtgehalten*'. *Anf.*, 434, alters this to '*gebrochene Linien*' ('broken lines').—Incidentally, this is a striking example of the use of the word 'complex' in the sense of a repressed group of ideas, whose introduction is usually attributed to the Zurich school. See an Editor's Note to a paper of Freud's on legal proceedings (1906*c*), ibid., **9**, 100–2. Cf. also footnote 2 on p. 143 above.]

[6] [This sentence does not read quite grammatically in the MS. and has been re-arranged in *Anf.*, 435, as given above. There is no question about its meaning.]

enters consciousness is probably the one that arouses special interest. In our example, however, it is noticeable precisely that the element which enters consciousness is not the one that arouses interest (assault) but another one, as a symbol (clothes). If we ask ourselves what may be the cause of this interpolated pathological process, only one presents itself—the *sexual release*, of which there is also evidence in consciousness. This is linked to the memory of the assault; but it is highly noteworthy that it [the sexual release] was not linked to the assault when this was experienced. Here we have the case of a memory arousing an affect which it did not arouse as an experience, because in the meantime the change [brought about] in puberty had made possible a different understanding of what was remembered.[1]

Now this case is typical of repression in hysteria. We invariably find that a memory is repressed which has only become a trauma by *deferred action*. The cause of this state of things is the retardation of puberty as compared with the rest of the individual's development.

[5] *Determinants of the πρῶτον ψεῦδος ὑστ[ερικόν]*[2]

Although it does not usually happen in psychical life that a memory arouses an affect which it did not give rise to as an experience, this is nevertheless something quite usual in the case of a sexual idea, precisely because the retardation of puberty is a general characteristic of the organization. Every adolescent individual has memory-traces which can only be understood with the emergence of sexual feelings of his own, and accordingly every adolescent must carry the germ of hysteria within him. There must obviously be concurrent factors as well, if this universal determining effect is to be limited to the small number

[1] [The hypothesis stated in this sentence (which is discussed in the two following sections) governed Freud's views on the aetiology of hysteria throughout this early period. He examined it shortly after writing the present work in a long footnote to his second paper on the neuro-psychoses of defence (1896*b*), *Standard Ed.*, **3**, 166–7, where further references will be found. The whole idea had the ground cut from under it by the discovery a year or two later of infantile sexuality and the recognition of the persistence of unconscious instinctual impulses. Nevertheless, the notion of the 'deferred action' of a trauma did not lose its whole validity, as is shown by a footnote to the 'Wolf Man' case history (1918*b*), ibid., **17**, 45 *n*.]

[2] [See footnote, p. 352. The word at the beginning of this heading is in the plural in the MS., but is changed to singular in *Anf.*, 435.]

of individuals who actually become hysterics. Now analysis indicates that what is disturbing in a sexual trauma is evidently the release of affect; and experience teaches us to recognize hysterics as individuals of whom one knows in part that they have become *prematurely* sexually excitable owing to mechanical and emotional stimulation (masturbation), and of whom one can assume in part that a premature sexual release is present in their innate disposition. But premature *beginning* of sexual release or prematurely *intensified* sexual release are clearly equivalent This factor is reduced to a quantitative one.

In what, however, does the significance of *prematureness* in sexual release reside? Here all the weight falls on the prematureness, for it cannot be maintained that sexual release in general is an occasion for repression; this would once again make repression into a process of normal frequency.

[6] *Disturbance of Thought by Affect*

We have not been able to reject [the fact] that the disturbance of the normal psychical process had two determinants. (1 that the sexual release was attached to a memory instead of to an experience, (2 that the sexual release took place *prematurely*. These two additions would bring about a disturbance which exceeds the normal amount but which is potentially present in the normal as well.

It is quite an everyday experience that the generation of affect inhibits the normal passage of thought, and in various ways. This happens, firstly, in that many paths of thought are forgotten which would ordinarily come into account similarly, that is, to what occurs in dreams [p. 338]. Thus, for instance, it happened to me during the agitation caused by a great anxiety that I forgot to make use of the telephone, which had been introduced into my house a short time before. The recent pathway succumbed in the affective state: *facilitation* that is, what was *old-established* gained the upper hand. This forgetting involves the disappearance of [the power of] selection, of efficiency and of logic in the passage [of thought], very much as happens in dreams. Secondly, [affect inhibits thought] in that without forgetting, pathways are followed which are ordinarily avoided: in particular, pathways leading to discharge, [such as] actions [performed] in the affect[ive state]. In conclusion, the affective process approximates to the uninhibited primary process.

A number of things are to be inferred from this. Firstly, that when there is a release of affect the releasing idea itself gains in

intensity, secondly, that the main function of the cathected ego consists in avoiding fresh affective processes and in reducing the old affective facilitations. The position can only be pictured as follows. Originally, a perceptual cathexis, as inheritor of an experience of pain, released unpleasure, it [the cathexis] was intensified by the $Q\eta$ released, and then proceeded towards discharge along pathways of passage that were in part pre-facilitated. After a cathected ego had been formed, 'attention' to fresh perceptual cathexes developed in the manner we know [pp. 335 and 337] and it [attention] followed with side-cathexes the passage [of quantity] from the perception. By that means the release of unpleasure was quantitatively restricted, and its start was precisely a signal for the ego to set normal defence in action [p. 326 above]; this guarded against fresh experiences of pain, with their facilitations, developing so easily.[1] Nevertheless, the stronger the release of unpleasure, the harder was the task for the ego, which, with its side-cathexes, can after all only provide a counterweight to the $Q\eta$s up to a certain limit, and is thus bound to permit a *primary passage* [of quantity] to occur.

Furthermore, the greater the quantity that is endeavouring to effect a passage, the harder for the ego is the activity of thought, which, as everything goes to show, consists in an experimental displacing of small $Q\eta$s [p. 334 above and p. 367 ff. below]. 'Reflecting'[2] is a time-consuming activity of the ego's, which cannot occur when there are strong $Q\eta$s in the level of affect. That is why when there is affect there is over-hastiness, and a choice of pathways similar to the primary process.

Thus it is the ego's business not to permit any release of affect, because this at the same time permits a primary process. Its best instrument for this purpose is the mechanism of attention. If a cathexis releasing unpleasure were able to evade this, then the ego would come into action against it too late. Now this is precisely what happens in the case of the hysterical *proton pseudos*.[3] Attention is [normally] adjusted towards perceptions, which are what ordinarily give occasion for a release of unpleasure. Here, [however, what has appeared] is no perception but a memory, which unexpectedly releases unpleasure, and the ego only discovers this too late. It has permitted a primary process because it did not expect one.

[1] [This whole subject is discussed much more fully in Part III, p. 360 ff. below.]

[2] [*Das* "*Überlegen*".' Cf. p. 332 above, where the word used is '*Nachdenken*', perhaps with a different sense, and there translated 'consideration'.]

[3] [Translator's italics. See footnote, p. 352 above.]

However, there are other occasions too on which memories release unpleasure. Certainly this is quite normally so with fresh memories. If the trauma (experience of pain) occurs—the very first [traumas] escape the ego altogether—at a time when there is already an ego, there is to begin with a release of unpleasure, but simultaneously the ego is at work too, creating side-cathexes.[1] If the cathexis of the memory is repeated, the unpleasure is repeated too, but the ego-facilitations are there already as well; experience shows that the release [of unpleasure] is less the second time, until, after further repetition, it shrivels up to the intensity of a signal acceptable to the ego. [Cf. p. 326 above.][2] It is therefore only a question of the ego's inhibition not being absent at the *first*[3] release of unpleasure, of the process not occurring as a posthumous primary affective experience; and this [condition] is precisely fulfilled if, as in the case of the hysterical *proton pseudos*,[4] the memory is what first brings about the release of unpleasure.

The significance of one of the determinants which we have put forward [p. 356] and which were furnished by clinical experience would thus seem to be confirmed. *The retardation of puberty makes possible posthumous primary processes.*

[1] [Cf. on this *Beyond the Pleasure Principle* (1920g), ibid., **18**, 30. At the beginning of the next sentence the MS. has simply '*die Erbesetz[un]g*' ('the cathexis of the memory'). *Anf.*, 438, reads '*die Besetzung der Erinnerungsspur*' ('the cathexis of the memory-trace').]

[2] [This topic is discussed at greater length on p. 380 ff., below.]

[3] [This word is underlined in the MS. In *Anf.*, 438, '*Unlustentbindung*' ('release of unpleasure') is emphasized instead.]

[4] [Translator's italics.]

[PART III]

ATTEMPT TO REPRESENT NORMAL ψ PROCESSES

5 Oct. 95.

[1]

IT must be possible for what I have termed the secondary processes to be explained on mechanical lines [p. 305, *n.* 3] through the effect produced by a constantly cathected mass of neurones (the ego) on others with changing cathexes. I will start with an attempt at a psychological representation of processes of this kind.

If I have on the one hand the ego and on the other hand perceptions[1]—that is, cathexes in ψ coming from ϕ (from the external world)—then I require a mechanism which causes the ego to follow the perceptions and to influence them. I find it [such a mechanism] in the fact that, according to my presuppositions, a perception invariably excites ω and thus gives rise to indications of quality.[2] To put it more accurately, it excites consciousness (consciousness of a quality) in ω,[3] and the discharge of the ω excitation will, [like] every discharge, furnish information to ψ, which is in fact the indication of quality.[4] I therefore put forward the suggestion that it is these indications of quality which *interest* ψ in the perception. [Cf. p. 335.]

This would seem to be the mechanism of psychical attention.[5] I find it hard to give a mechanical (automatic) explanation of

[1] [In the MS: '*W* (*Wahrnehm[un]gen*).']

[2] [Cf. p. 325. *Anf.*, 439, misprints this as '*Quantitätszeichen*'.]

[3] [So in the MS. *Anf.*, 439, wrongly prints '*W*'.]

[4] [In the MS. the latter part of this sentence reads as follows: '*u[nd] die Abfuhr der ω Erreg[un]g wird jede Abfuhr eine Nachricht nach ψ liefern . . .*' This does not make sense, and *Anf.*, 439 (in addition to wrongly rendering the 'ω' as '*Wahrnehmung*') silently omits the words '*jede Abfuhr*', leaving a coherent sentence meaning 'and the discharge of the excitation of the perception will furnish information to ψ.' It seems probable that the true explanation of the crux is that the word '*wie*' ('like' 'as') was accidentally omitted by Freud before '*jede Abfuhr*'. This is confirmed by the almost identical passage on the same subject, *Anf.*, 410 (p. 325 above), in which the words '*wie von jeder Abfuhr*' ('as of every discharge') occur.]

[5] [See Appendix C, p. 394 below.]

its origin.[1] For that reason I believe that it is biologically determined—that is, that it has been left over in the course of psychical evolution because any other behaviour by ψ has been excluded owing to the generation of unpleasure. The outcome of *psychical attention* is the cathexis of the same neurones which are bearers of the perceptual cathexis. This state has a prototype in the *experience of satisfaction* [p. 318], which is so important for the whole course of development, and in its repetitions, states of *craving* which have developed into states of *wishing* and states of *expecting*. I have demonstrated [Part I, Sections 16–18] that these states contain the *biological justification* of all thought. The psychical situation in them is as follows. Tension due to craving prevails in the ego, as a consequence of which the idea of the loved object—the *wishful idea*—is cathected. Biological experience has taught that this *idea*[2] should not be so strongly cathected that it might be confused with a perception, and that discharge must be postponed till the indications of quality appear from the *idea* as a proof that the *idea* is now real, a perceptual cathexis. If a perception arrives which is identical with the *idea* or similar to it, it finds its neurones *precathected* by the wish—that is, either all of them already cathected or a part of them—so far, in fact, as the agreement goes. The difference between the *idea* and the approaching perception then gives occasion for the process of thought, which reaches its end when the superfluous [i.e. unwanted] perceptual cathexes have been conveyed, along some pathway that has been found, into ideational cathexes. With this, *identity* is attained. [Cf. p. 332 above.]

Attention thus consists in establishing the psychical state of expectation even for those perceptions which do not coincide in part with wishful cathexes. For it has in fact become important for a cathexis to be sent to meet all perceptions, since those that are wished-for might be among them.[3] *Attention* is biologically justified, it is only a question of guiding the ego as to *which* expectant cathexis it is to establish and this purpose is served by the indications of quality.

[1] [But see p. 362 below. Cf. also a remark of Breuer's in Section 2 of his contribution to the *Studies on Hysteria* (1895d) in which he quotes a concept of Exner's (1894, 165), 'facilitation by attention [*attentionelle Bahnung*]', to account for the fact that in a working brain the 'intracerebral tonic excitation' is non-uniformly distributed (*Standard Ed.*, **2**, 195).]

[2] [In the MS. '*V*' (*Vorstellung*) is doubly underlined, as it is also in the rest of this paragraph.]

[3] [The last clause is omitted in *Anf.*, 440. The MS. reads '*da sich die gewünschten darunter befinden könnten.*']

The process of *adopting a psychical attitude* can perhaps be followed with still greater accuracy. Let us suppose that to begin with, the ego is not prepared in advance; a perceptual cathexis occurs and, after it, its indication of quality. The intimate facilitation between the two pieces of information will further increase the perceptual cathexis and now a cathexis of the perceptual neurones with attention will result. The next perception of the same object will (in accordance with the second law of association[1]) lead to a fuller cathexis of the same perception and only this will be the perception that is serviceable psychically.

(This part of the description already yields a highly important thesis. The first time a perceptual cathexis occurs its intensity is slight, with little *Q*; the second time, when there is a ψ precathexis, it is quantitatively greater. Now, judgement on the quantitative characteristics of the object is not in principle changed by attention. Consequently, the external *Q* of objects cannot be expressed in ψ by psychical *Qή*. Psychical *Qή* means something quite different, which is not represented in reality, and external *Q* is in fact expressed in ψ by something different —by complexity of cathexes [p. 315]. By that means, however, external *Q* is kept off from ψ.)

The following description is still more satisfying. As an outcome of biological experience, ψ attention is constantly directed to the indications of quality. These take place, therefore, on precathected neurones and with sufficiently great quantity. The information of quality, thus strengthened, strengthens the perceptual cathexes by its facilitation; and the ego has learnt to make its cathexes of attention follow the passage of this associative movement from the indication of quality to the perception. By this means it is led to cathect precisely the right perceptions or their environment. Indeed, if we assume that it is the same *Qή* from the ego which travels by the facilitation from the indication of quality to the perception, we have actually explained the cathexis of attention mechanically (automatically) [p. 360]. Thus attention leaves the indications of quality and turns to the now hypercathected perceptual neurones [p. 330].

Let us suppose that for some reason the mechanism of attention has failed; then the ψ cathexis of the perceptual neurones will not occur and the *Q* which has reached them will be transmitted (purely associatively) in the direction of the best facilitations, so far as the relations between the resistances and

[1] ['Association by similarity.' Freud originally wrote '*ersten*' ('first') and afterwards corrected it to '*zweiten*' ('second').]

the quantity of the perceptual cathexis permit. [Cf. p. 323]. This passage [of quantity] would probably soon come to an end, since the *Q* divides up and forthwith, in some near-by neurone, becomes too small to flow any further. Under certain conditions the passage of the perceptual quantity[1] may subsequently excite attention, or again, it may not. In that case it ends unobserved in the cathexis of some neighbouring neurone, of whose fate we know nothing. Such is a passage of perception without attention, as it must occur countless times every day.[2] It cannot proceed far, as analysis of the process of attention will show, and from this we can infer the smallness of perceptual quantity.

If, however, a perceptual [neurone][3] has received its cathexis of attention, a number of things may happen, among which two situations may be stressed—those of *ordinary thought* and of merely *observing* thought. The latter case appears to be the simpler; it corresponds more or less to the state of an investigator who has made a perception and asks himself: what does this mean? what does this lead to? He then proceeds in this way. (For the sake of simplicity, however, I must now replace the cathexis of the complex perception by that of a single neurone.) The perceptual neurone is hypercathected; the quantity composed of *Q* and *Qή*[4] flows away in the direction of the best facilitations and, in accordance with resistance and quantity, will surmount a few barriers and will cathect some fresh, associated neurones, other barriers it will not surmount, because the quotient falling to their share lies below the threshold.[5] It is certain that more and remoter neurones are cathected now than when there is a merely associative process without attention.

[1] ['*Wq*' in the MS. *Anf.*, 442, expands this into '*die an der Wahrnehmung haftenden Quantitäten (Wq)*' ('the quantities attached to the perception (*Wq*)').]

[2] [Cf. p. 373. An extremely similar account will be found in *The Interpretation of Dreams* (1900*a*), ibid., **5**, 593-4. It is there described as a 'preconscious' train of thought—a term introduced by Freud in the letter to Fliess of December 6, 1896 (p. 234 above).]

[3] ['*W*' in the MS (neuter by deduction). *Anf.*, 442, expands this into '*das System W*', as though mistakenly reading it as 'ω'.]

[4] ['*Die aus Q u[nd] Qή zusammengesetze Quantität*' in the MS. This is expanded in *Anf.*, 442, into '*die aus äusserer und psychischer Quantität (Q und Qή) zusammengesetzte Quantität*' ('the quantity composed of external and psychical quantity (*Q* and *Qή*)').]

[5] [In *Anf.*, 442, the words represented here by 'and will cathect some fresh, associated neurones, other barriers it will not surmount' are omitted, upsetting the sense. The missing German passage reads in the MS.: '*u[nd] neue associirte N besetzen andere Schranken nicht überwinden.*']

Here too the current will eventually end in certain terminal cathexes or in a single one. The outcome of the attention will be that instead of the perception one or several *mnemic* cathexes appear (linked with the initial neurone by association).

It will be assumed, for simplicity's sake, that it is a single *mnemic image*.[1] If this could again be cathected (with attention) from ψ, the game would be repeated: the Q would once more start flowing and, along the pathway of best facilitation, would cathect (*awaken*) a fresh *mnemic image*. Now it is clearly the intention of *observing thought* to become acquainted to the furthest possible extent with the pathways leading from the perception;[2] in this manner, indeed, knowledge of the perceptual object is to be made exhaustive. It will be noted that the method of thought here described leads to *cognition*. For that reason a ψ cathexis is once more required for the mnemic images that are reached, but also a mechanism which will lead that cathexis to the right points. How else are the ψ neurones in the ego to know where the cathexis is to be directed to? A mechanism of attention such as that described above again presupposes, however, indications of quality. Do these arise during the associative passage [of quantity]? Not as a rule, according to our presuppositions. They can, however, be obtained by means of a fresh contrivance of the following description. Indications of quality come about normally only from perceptions; it is thus a question of obtaining a perception from the passage of $Q\eta$. If a discharge were linked to the passage of $Q\eta$ (in addition to the [mere] circulation), then, like every movement, it [the discharge] would furnish information of the movement [p. 318]. After all, indications of quality themselves are only[3] information of discharge [p. 325] (of what kind [we may learn][4] later perhaps). Now it may happen that during the passage of Q[5] a motor neurone is cathected as well, which then discharges $Q\eta$ and furnishes an indication of quality. It is a question, however, of receiving discharges of this kind from all cathexes. They are not all motor, and for this purpose, therefore, they must be brought into a secure facilitation with motor neurones.

[1] [This sentence is ungrammatical in the MS. and has been altered in *Anf.*, 443, without affecting the sense.]

[2] [In the MS.: '*von W*'. Once again (cf. p. 363) *Anf.*, 443, expands this into '*vom System W*', under the impression that Freud wrote 'ω'.]

[3] ['*Nur*' in the MS., omitted in *Anf.*, 443.]

[4] [The verb is missing in the MS. *Anf.*, 443, replaces it by '*besprechen wir*' ('we may discuss').]

[5] [The MS. reads 'Q', which *Anf.*, 443, emends to '$Q\eta$'.]

This purpose is fulfilled by *speech association*.[1] This consists in the linking of ψ neurones with neurones which serve sound-presentations[2] and themselves have the closest association with motor speech-images. These associations have an advantage of two characteristics over the others: they are limited[3] (few in number), and exclusive. In any case, from the sound-image the excitation reaches the word-image and from it reaches discharge. Thus, if the mnemic images are of such a kind that a part-current can go from them to the sound-images and motor word-images, then the cathexis of the mnemic images is accompanied by information of discharge, which is an indication of quality and also accordingly an indication of the consciousness of the memory.[4] If now the ego precathects these word-images as it earlier did the images of ω[5] discharge [p. 360 ff.], then it will have created for itself the mechanism which directs the ψ cathexis to the memories emerging during the passage of *Qή*.[6] This is *conscious, observing thought*.

In addition to making cognition possible, speech association achieves something else, of great importance. As we know, the facilitations between the ψ neurones constitute '*memory*', the representation of all the influences which ψ has experienced from the external world. Now we observe that the ego itself puts in hand cathexes of the ψ neurones as well, and sets going

[1] [In the passages that follow, Freud stated for the first time his theory of the important part played by speech in psychical function and in particular in the distinction between unconscious and preconscious processes. He alluded to this theory very shortly in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 574 and 617, and again in his paper on the 'Two Principles of Mental Functioning' (1911*b*), ibid., **12**, 221. But his full development of the theme was in his metapsychological paper on 'The Unconscious' (1915*e*), ibid., **14**, 201 ff. He returned to it once again in *The Ego and the Id* (1923*b*), ibid., **19**, 20, and as late as in his posthumous *Outline* (1940*a* [1938]), ibid., **23**, 162. His interest in the question, however, evidently went back to his study of aphasia, on which he had published his monograph (1891*b*) only four years before the present work. The passage from *On Aphasia* which relates most closely to psychological problems is appended as an Appendix to the paper on 'The Unconscious' mentioned above (ibid., **14**, 209 ff.). See also Appendix C at the end of the present volume.]

[2] ['*Vorstellungen*' is here translated by the more technical 'presentations' instead of, as elsewhere in this work, by 'ideas'.]

[3] ['*Geschlossen*', literally 'closed'.]

[4] [In the MS.: '*Bewusstseinszeichen der Er.*' We follow *Anf.*, 444, which expands this to '*Bewusstseinszeichen der Erinnerung*'.]

[5] [So in the MS. *Anf.*, 444, reads '*Wahrnehmung*' ('perception'), as though it were a '*W*'.]

[6] [This answers the questions raised on p. 364 above.]

passages [of quantity] which must certainly also leave facilitations behind them as traces. ψ, however, has no means of distinguishing these results of thought-processes from the results of perceptual processes. It may perhaps be possible to cognize and reproduce perceptual processes by their association with ω discharges,[1] but all that remains of the facilitations made by thought is the outcome, not a *memory*. The same thought-facilitation may have come about owing to one intense process or ten less forcible ones. The *indications of speech-discharge* help, however, to make good this lack; they put thought-processes on a level with perceptual processes, lend them reality and *make memory of them possible*. [Cf. p. 335, but also p. 378 below.]

The biological development of this extremely important [kind of] association also deserves consideration. Speech-innervation is originally a path of discharge[2] for ψ, operating like a safety-valve, for regulating oscillations in $Q\eta$; it is a portion of the path to *internal change*, which represents the only discharge till the *specific action* has been found. [For all this cf. pp. 317–18.] This path acquires a secondary function from the fact that it draws the attention of the helpful person (usually the wished-for object itself) to the child's longing and distressful state; and thereafter it serves for *communication* and is thus drawn into the specific action. At the start of the function of judgement, when the perceptions, on account of their possible connection with the wished-for object, are arousing interest, and their complexes (as has already been shown [pp. 328 and 331–2]) are dissected into an unassimilable[3] component (the thing) and one known to the ego from its own experience (attribute, activity)—what we call *understanding*—, [at this point] two links emerge in relation to utterance by speech. In the first place, there are objects (perceptions) that make one *scream*, because they arouse pain; and it turns out as an immensely important fact that this association of a sound (which arouses motor images of one's own as well) with a perceptual [image], which is composite apart from this, emphasizes that object as a hostile one and serves to direct attention to the perceptual [image]. When otherwise, owing to pain, one has received no good indication of the quality of the object, the *information of one's own scream* serves to characterize the object. Thus this association is a means

[1] [Once again *Anf.*, 444, reads '*Wahrnehmung*' instead of 'ω', as in the MS.]

[2] ['*Abfuhrbahn*' in the MS. *Anf.*, 444, omits the '*bahn*' ('path').]

[3] [I.e. one that cannot be 'assimilated' in the sense of 'likened'. The equivalent terms used in an earlier passage (p. 332) were 'non-comparable' and 'disparate'.]

of making memories that arouse *unpleasure* conscious and objects of attention: the first class of *conscious memories* has been created. Not much is now needed in order to invent speech. There are other objects, which constantly produce certain sounds—in whose perceptual complex, that is, a sound plays a part. In virtue of the trend towards *imitation*, which emerges during judging [p. 333], it is possible to find the information of movement attaching to this sound-image. This class of memories, too, can now become conscious. It now still remains to associate intentional sounds with the perceptions; after that, the memories when the indications of sound-discharge are observed become conscious like perceptions and can be cathected from ψ.

Thus we have found that it is characteristic of the process of *cognitive* thought that during it attention is from the first directed to the indications of thought-discharge, to the indications of speech. As is well known, indeed, what is called conscious thought takes place to the accompaniment of slight motor expenditure.

The process of following the passage of Q through an association can accordingly be continued for an indefinite length, usually as far as 'completely familiar' terminal elements of the association. The fixing of this pathway and of its terminal halting points then comprises the 'cognition' of the perception, which may be a new one.

We should be glad, however, to know something quantitative about this process of cognitive thought. Here, indeed, the perception is hypercathected in comparison with the naïve associative process. The process itself consists in a displacement of Qή regulated by the association with indications of quality; the ψ cathexis is renewed at every halting-point and finally a discharge takes place from the motor neurones of the speech-path. We ask ourselves now whether much Qή is lost to the ego during this process or whether the expenditure in thought is a relatively small one. A pointer to an answer to this question is given by the fact that the current of speech-innervations during thought is obviously very small. We do not really speak, any more than we really move when we imagine a motor image. But the idea and the movement only differ quantitatively, as we have learnt from experiments on thought-reading. If thought is intense, no doubt people even speak out loud. But how is it possible to bring about such small discharges, since, after all, small Qή's cannot flow and large ones level themselves off *en masse*[1] through the motor neurones?[2]

[1] [Translator's italics.]

[2] [Cf., for this and what follows, p. 334 f. above.]

It is probable that in the process of thought the displacement-quantities too are not large. In the first place, the expenditure of large $Q\dot{\eta}$ is a loss for the ego which has to be restricted as far as possible; for the $Q\dot{\eta}$ is ear-marked for the exacting specific action [pp. 297 and 323]. In the second place, a large $Q\dot{\eta}$ would pass along several associative pathways simultaneously and leave no time for thought-cathexis and would also cause a large expenditure. No doubt, therefore, the current of $Q\dot{\eta}$ during the thought-process must be small. Nevertheless,[1] on our hypothesis, perception and memory during thought must be hypercathected more strongly than during simple perception. Furthermore, there are, of course, different intensities of attention, which we can only translate as different increases of the cathecting $Q\dot{\eta}$. In that case, observant following would be more difficult precisely when attention was stronger—which is so inexpedient that we cannot suppose it to be the case.

Here we have two apparently opposing requirements: strong cathexis and weak displacement. If we want to reconcile the two, we arrive at the hypothesis of what is, as it were, a *bound state*[2] in the neurone, *which, though there is a high cathexis, permits only a small current.* This hypothesis can be made more plausible if we reflect that the current in a neurone is obviously influenced by the cathexes surrounding it. Now the ego itself is a mass like this of neurones which hold fast to their cathexis—are, that is, in a bound state, and this, surely, can only happen as a result of the effect they have on one another. We can therefore imagine that a perceptual[3] [neurone] which is cathected with attention is as a result temporarily, as it were, [taken up][4] into the ego and is now subject to the same binding of its $Q\dot{\eta}$ as are all the ego neurones. If it is cathected more strongly, then the quantity of current may in consequence be diminished, not necessarily increased.[5] We may perhaps suppose that as a result of this binding precisely the external Q remains free to flow while the cathexis of attention is bound, a relation which need not, of course, be an invariable one.

This bound state, which combines high cathexis with small current, would thus characterize processes of thought mechanically. It is possible

[1] ['*Dennoch*' in the MS. *Anf.*, 447, misreads '*demnach*' ('accordingly').]

[2] [This has already been touched on above, on p. 335.]

[3] ['*Ein* [neuter] *W*' in the MS.; *Anf.*, 447, expands this, perhaps rightly, to '*Wahrnehmungsneuron*' ('perceptual neurone'). A neuter '*W*' usually stands for '*Wahrnehmungsbild*' ('perceptual image'), cf. p. 339.]

[4] [The verb is missing in the MS. *Anf.*, 447, supplies '*aufgenommen*'.]

[5] [There is a question mark at this point in *Anf.*, 447, of which there is no trace in the MS.]

to conceive of other processes in which the current runs parallel with the cathexis—processes with uninhibited discharge.

I hope the hypothesis of a bound state of this kind will turn out to be mechanically tenable. I should like to throw some light on the psychological consequences of this hypothesis. The hypothesis appears at first to suffer under an internal contradiction. If the [bound] state consists in only small *Q*s being left for displacement when there is a cathexis of this kind, how can it [the bound state] draw fresh neurones into it—that is, cause large *Q*s to travel into fresh neurones? And, carrying the same difficulty further back, how can an *ego* compounded in this way have been able to develop at all?

Thus we find ourselves quite unexpectedly before the most obscure problem: the origin of the 'ego'—that is, of a complex of neurones which hold fast to their cathexis, a complex, therefore, which is for short periods at a constant level [p. 323].[1] A genetic treatment will be the most instructive.[2] The ego consists originally of the nuclear neurones, which receive endogenous $Q\dot{\eta}$ through paths of conduction [p. 315] and discharge it along the pathway to internal change [p. 317]. The experience of satisfaction has brought about an association between this nucleus and a perceptual image (the wishful image) and information of a movement—[information of] the reflex portion of the specific action, [p. 318]. The education[3] and development of this original ego takes place in a repetitive state of craving, in *expectation* [p. 361]. It [the ego] learns first that it must not cathect the motor images, so that discharge results, until certain conditions have been fulfilled from the direction of the perception. It learns further that it must not cathect the wishful idea beyond a certain amount since otherwise it would deceive itself in a hallucinatory manner [pp. 325–26]. If, however, it respects these two barriers and directs its attention to the new perceptions, it has a prospect of attaining the satisfaction it is seeking. It is clear, therefore, that the barriers which prevent the ego from cathecting the wishful image and the motor image beyond a certain amount are the ground for an accumulation of $Q\dot{\eta}$ in the ego, and compel it, perhaps, to transfer its $Q\dot{\eta}$ within certain limits to the neurones accessible to it.

The hypercathected nuclear neurones abut in the last resort on the paths of conduction from the interior [of the body]

[1] [The 'and' at the end of this sentence in *Anf.*, 448, is not in the MS.]

[2] [For what follows cf. p. 322 ff.]

[3] [The MS. reads quite clearly '*Entzieh[un]g*' ('withdrawal'). *Anf.*, 448, emends this, very plausibly, to '*Erziehung*' ('education'). Cf. the use of this word below, on p. 370.]

which have become permeable owing to being continually filled with $Q\dot{\eta}$ [p. 316]; and they [the nuclear neurones], being a continuation of these [paths of conduction], must likewise remain filled. The $Q\dot{\eta}$ in them will flow away for a distance proportional to the resistances met with in its pathway, till the next resistances are greater than the quotient of $Q\dot{\eta}$ available for the current. Thereafter, the whole cathectic mass is in equilibrium, held on one side by the two barriers against motility and wishing and on the other side by the resistances of the furthest neurones, and towards the interior by the constant pressure of the paths of conduction. Inside this ego-structure the cathexis will by no means be everywhere equal; it need only be equal proportionately—that is, in relation to the facilitations. [Cf. p. 336.]

If the level of cathexis in the ego-nucleus rises, the extent of the ego will be able to expand its range; if it [the level] sinks, the ego will narrow concentrically. At a given level and a given extent of the ego there will be nothing to prevent displacement being possible within the area of cathexis.

It only remains to enquire about the origin of the two barriers which guarantee the constant level of the ego and, in particular, of that against motor images, which prevents discharge. Here we are at a point decisive for our view of the whole organization. All we can say is that when this barrier was not yet in existence and when motor discharge took place along with the wish, the expected pleasure regularly failed to appear and the continuance of the release of the endogenous stimuli finally evoked unpleasure. Only this threat of *unpleasure*, which became attached to premature discharge, can represent the barrier in question. Afterwards, in the course of development, facilitation took over a part of the task. But it still remains a fact that the $Q\dot{\eta}$ in the ego does not cathect motor images immediately, because *the consequence would be a release of unpleasure.*

Everything that I call a *biological acquisition* of the nervous system is in my opinion represented by a *threat of unpleasure* of this kind, the effect of which consists in the fact that those neurones which lead to a release of unpleasure are *not*[1] cathected. This is *primary defence* [p. 322], an understandable consequence of the original trend of the nervous system [p. 296]. Unpleasure remains the only means of education. How *primary defence*, non-cathexis owing to a threat of unpleasure, is to be represented mechanically—this, I confess, I am unable to say.

From this point onwards, I shall venture to leave unanswered

[1] [In the MS. this word is doubly underlined.]

the question of finding a mechanical representation of biological rules such as this, I shall be content if henceforth I am able to remain faithful to a clearly demonstrable course of development. A second biological rule, abstracted from the process of expectation [p. 361 f.], must no doubt be that attention is to be directed to the indications of quality, because these belong to perceptions which may lead to satisfaction, and that one is then to allow oneself to be led from the indication of quality to the perception that has emerged. In short, the mechanism of attention must owe its origin to a biological rule of this kind; it [this mechanism] will regulate the displacement of the ego-cathexes.

It may now be objected that a mechanism like this with the help of the indications of quality is redundant. The ego might have learnt biologically itself to cathect the perceptual region in states of expectation, instead of only being induced to make this cathexis by the indications of quality. There are, however, two things to be said here in justification of the mechanism of attention. (1) The region of the indications of discharge from ω is obviously a smaller one, comprises fewer neurones, than that of the perceptions—that is, of the whole pallium of ψ which is connected with the sense-organs [p. 315]; so that the ego saves an extraordinarily large expenditure by keeping the indications of discharge[1] cathected instead of the perceptions. And (2) the indications of discharge or indications of quality are first and foremost also indications of reality, which should precisely serve the purpose of distinguishing real perceptual cathexes from wishful cathexes. Thus we cannot evade the mechanism of attention. But it consists, in every case, of the ego *cathecting* those *neurones* in which a cathexis has already appeared.

For the ego, then, *the biological rule of attention* runs: *If an indication of reality appears, then the perceptual cathexis which is simultaneously present is to be hypercathected.*

This is the second biological rule. The first one was that *of primary defence.*[2]

[2]

From what has been arrived at so far, a few general hints may also be gathered towards giving a mechanical representation [of psychical processes]—such as the first one was, to the effect that external quantity cannot be represented by *Qή*, psychical quantity [p. 362]. For it follows from the description of the ego

[1] ['*Abfuhrz*' in the MS (as five lines above and just below). *Anf.*, 450, overlooking the 'z', reads simply '*Abfuhr*' ('discharge').]

[2] [See p. 370 above. 'That of' is omitted in *Anf.*, 451.]

and of its oscillations [p. 370] that the height of the level [of its cathexis], too, has no relation to the external world, that a general lowering or raising of it makes no change (normally) in the picture of the world. Since the picture of the external world is based on *facilitations*, that means that general oscillations of level make no change in the facilitations. A second principle has already been mentioned, namely, that when the level [of cathexis] is high, small quantities can be displaced more easily than when it is low [p. 368]. These are some individual points which must be borne in mind in arriving at the characteristics of neuronal motion, which is still quite unknown to us.[1]

Let us go back now to the description of the observing or *cognitive* process of thought [p. 363 ff.], which is distinguished from the process of expectation by the fact that [in the former] the perceptions do not light upon wishful cathexes. Thus in that case the ego is made attentive by the first indications of reality as to which region of perception is to be cathected. The passage of association of the Q brought along with them [by the perceptions] occurs over precathected neurones and the $Q\phi$,[2] which is displacing itself, can flow on again each time.[3] During this passage [of association] the indications of quality (of speech) are generated, as a result of which the passage of association becomes conscious and capable of being reproduced.

Here now, once again, the benefit of the indications of quality might be questioned. What they achieve [it might be argued] is after all only to cause the ego to send out cathexis to the point at which a cathexis emerges in the passage [of association]. They [the indications of quality] do not, however, provide this cathecting $Q\eta$ themselves but at most only a contribution to it. But, if so, the ego can cause its cathexis to travel along the passage of the Q without any such support.

That is no doubt true, but paying regard to the indications of quality is nevertheless not redundant. For it must be emphasized that the biological rule of attention stated above is abstracted

[1] [There is a transverse line here in the MS., which is similar to that separating sections [1] and [2] (p. 371) but is unmarked in *Anf.*, 451.]

[2] [The quantity from the system ϕ, i.e. originating from the external world (p. 303 f.). The words in brackets in *Anf.*, 451, '*Quantität der ϕ-Neuronen*' are not in the MS. The term is written out in full, '*ϕ-Quantität*' on p. 382 below.]

[3] [I.e. from one precathected neurone to another. This seems a probable explanation of the words, '*wird jedesmal wieder flott*' (*Anf.*, 451). Cf. p. 363.]

from perception [p. 371] and applies in the first instance only to indications of reality. Indications of discharge through speech are also in a certain sense indications of reality—but of thought-reality not of external reality,[1] and in their case a rule of this kind has not by any means come into effect, because no constant threat of unpleasure would be attached to a breach of it. The unpleasure through neglecting cognition is not so glaring as that from ignoring the external world, though at bottom they are one and the same. Thus there is in fact also[2] an *observing process of thought* in which indications of quality are either not, or only sporadically, aroused, and which is made possible by the fact that the ego follows the passage [of association] automatically with its cathexes. This process of thought is in fact far the more frequent, without being abnormal; it is our ordinary thought, unconscious, with occasional *intrusions*[3] into consciousness—what is known as conscious thought with unconscious intermediate links, though these can be made conscious. [Cf. p. 363.]

Nevertheless, indications of quality are of indisputable utility for thought. In the first place, indeed, the awakened indications of quality strengthen the cathexes in the passage [of association] and ensure the automatic attention which is evidently linked—we do not know how—to the emergence of cathexis. In the next place (and this seems more important) attention to the indications of quality ensures the impartiality of the passage [of

[1] [This seems to be the first appearance of a distinction which, after an interval of many years, played an increasing part in Freud's theories. It emerged prominently in the last of the essays in *Totem and Taboo* (1912–13), *Standard Ed.*, 13, 159 ff.) and soon afterwards it was introduced (in 1914) into a sentence in the closing pages of *The Interpretation of Dreams*, ibid., 5, 620. In both these cases the distinction was between 'psychical' and 'factual' reality. In later discussions the latter term was altered to 'material'; for instance, in the *Introductory Lectures* (1916–17), ibid., 16, 368, in the paper on 'The Uncanny' (1919h), ibid., 17, 244–51 and in 'Dreams and Telepathy' (1922a), ibid., 18, 217–18. The distinction appears finally in *Moses and Monotheism* (1939a), ibid., 23, 76, where, as in this earliest instance, the second word used was 'external'. It may be thought that there is some similarity between this distinction and that between 'historical' and 'material' truth, which is also fully considered in *Moses and Monotheism*, ibid., 127 ff., and this, too, (as is made plain in an Editor's footnote, ibid., 130), goes back to writings of Freud's contemporary with the present one.]

[2] ['*Auch*' in the MS., omitted in *Anf.*, 452.]

[3] ['*Einfälle*.' '*Einfall*' often stands for 'an idea occurring to one' and may sometimes be rendered 'association'. See, however, an Editor's footnote to Lecture III of the *Introductory Lectures*, ibid., 15, 47–8.]

association]. For it is very difficult for the ego to put itself into the situation of mere '*investigation*'. The ego almost always has purposive or wishful cathexes, whose presence during investigation, as we shall see [p. 376], influences the passage of association and so produces a false knowledge of perceptions. Now there is no better protection against this falsification of thought than if an ordinarily displaceable $Q\dot{\eta}$ is directed to [? by] the ego to a region which cannot manifest a diversion such as this of the passage [of association].[1] There is only a single such expedient – if, namely, attention is directed to the indications of quality, which are not purposive ideas, whose cathexis, on the contrary, by contributions to the quantity of cathexis, lays greater emphasis on the passage of association.

Thus thought accompanied by a cathexis of the indications of thought-reality or of the indications of speech is the highest, securest form of cognitive thought-process.

In view of the undoubted utility of arousing the indications of thought, we may expect to find contrivances to ensure their arousal. Indications of thought are not, indeed, generated spontaneously like indications of reality, without the participation of ψ. Here observation tells us that these contrivances do not apply for all cases of thought-process as they do for investigating thought. The necessary condition for indications of thought being aroused at all is, of course, their being cathected by attention, they come about in that case in virtue of the law that, when two neurones are linked and simultaneously cathected, conduction [between them] is favoured [p. 319]. Yet the *attraction* produced by the precathexis of the indications of thought has only a certain degree of force in fighting against other influences. Thus, for instance, every other cathexis in the neighbourhood of the passage [of association] purposive cathexes, affective cathexes will compete with it and make the passage [of association] unconscious. A similar effect (as is confirmed by experience) will be brought about by Qs in passage[2] of considerable magnitude, which produce a larger current and so accelerate the whole passage [of association]. The common assertion that 'something happened in one so quickly that one

[1] [This obscure sentence reads in the MS.: '*Es giebt nun keinen besseren Schutz gegen diese Denkverfälschung als wenn dem Ich eine sonst verschiebbare Q auf eine Region gerichtet wird, die eine solche Ablenk[un]g des Ablaufes nicht äussern kann.*' The only doubtful word is the one immediately preceding '*Ich*'. This is almost certainly '*dem*', though there is a possible sign of its having been altered from '*im*' to '*dem*'. *Anf.*, 452–3, alters '*dem Ich*' into '*im Ich*' and adds after '*äussern*' '(i.e. *hervorrufen*)' ('i.e. evoke').]

[2] ['*Ablaufsq*' in the MS.]

did not notice it' is no doubt quite correct. And it is universally recognized that affects can interfere with the arousing of indications of thought.

From this we arrive at a fresh thesis for the mechanical representation of psychical processes: namely, that the passage [of association], which is not altered by the height of level [of cathexis], can be influenced by the *Q* itself that is *in flow*. *In general, a large Q takes different pathways in the network of facilitations from a small one.* There is no great difficulty, I think, in illustrating this:

Every barrier has a threshold-value, below which no *Q* at all can pass—let alone, therefore, a quotient of it. A *Q* as small as this will further divide up [p. 323] along two other pathways, for whose facilitation the *Q* is sufficient. If now the *Q* increases, the first pathway will come into account and will help on its quotients, and now too, maybe,[1] cathexes on the further side of what is now a surmountable barrier will be able to make themselves felt. Yet another factor, indeed, may become important. We may perhaps assume that not all of a neurone's pathways are equally[2] receptive to *Q*, and we may describe this difference as *breadth of pathway*. Breadth of pathway is in itself independent of resistance, which indeed can be altered by *Q*s in passage whereas the breadth of pathway remains constant. If we assume that with an increasing *Q* a pathway is opened which can bring its breadth into effect, then one can perceive the possibility of the passage of *Q* being fundamentally altered by an increase in the *Q* in flow. Everyday experience seems to give express support to precisely this conclusion.

The arousing of indications of thought seems, then, to be linked to the passage of small *Q*s. This is not to assert that any other passage [of *Q*] is bound to remain *unconscious*, since the arousing of indications of speech is not the only method of arousing consciousness.

How, then, can we perhaps give a clear picture of thought that becomes conscious intermittently, of sudden intrusions [into consciousness (p. 373)]? After all, our ordinary purposeless thought, though it is accompanied by precathexis and automatic attention, attaches no importance to indications of thought. It has not been shown, biologically, that they are indispensable for the process. Nevertheless, they usually emerge (1) if the smooth passage [of quantity] has reached an end or has come up against an obstacle, and (2) if it has aroused an idea which, for other reasons, calls up indications of quality—

[1] ['*Etwa*' in the MS.; omitted in *Anf.*, 454.]

[2] ['*Gleich*' in the MS.; omitted in *Anf.*, 454.]

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that is, consciousness. At this point the discussion may be broken off.

[3]

There are obviously other kinds of thought-process which, instead of the disinterested aim of cognition, have another, practical, aim in view. The state of expectation, which was the starting point of all thought [p. 361], is an example of this second kind of thought. Here a wishful cathexis is firmly retained, while alongside of it a second, perceptual, cathexis which emerges is followed with attention.[1] But in this case the intention is not to discover in general where it will lead to, but to discover along what paths it will lead to the activation of the wishful cathexis which has meanwhile been firmly retained. This kind of thought, biologically the earlier one, can easily be represented in accordance with our premisses.

Let *V* + be the wishful idea which is kept specially cathected and let *W* be the perception which is to be followed.[2] Then the result of the cathexis of *W* with attention will be in the first place that the $Q\phi$ [quantity from the system ϕ (p. 372)] will pass in the direction of the best facilitated neurone, *a*; from there it would go on once more in the direction of the best facilitation, and so on. The trend towards going in the direction of the best facilitation will, however, be interrupted by the presence of *side-cathexes*.[3] Supposing that three pathways lead

[1] [This situation of a firmly held cathexis on the one hand and a simultaneous travelling cathexis of attention on the other figures prominently in different forms throughout the *Project*. (See, for instance, Sections 15 to 18 of Part I and Section 1 of Part III.) In more than one passage (e.g. pp. 362 and 375) the travelling cathexis is undirected and, as in the first sentence of this Section, 'disinterested'. It is difficult not to see in this a kinship with what was to be the earliest form of 'free association' in the technique of psycho-analysis—namely the form in which some specific parapraxis or element of a dream is held as a starting point, while another part of the mind embarks on a stream of associations. There are, indeed, some remarks which bring out this very point in Lecture VI of the *Introductory Lectures* (1916-17), *Standard Ed.*, **15**, 106 ff.]

[2] ['*V*' stands for '*Vorstellung*' ('idea') and '*W*' for '*Wahrnehmung*' ('perception'). The MS. has '*V* +' here, but '+ *V*' at all the later appearances of the symbol. *Anf.*, 455, has ' *V*' here, but '+ *V*' everywhere else. Cf. also p. 330, n. 3 above.]

[3] [In *Anf.*, 435, the last two sentences have been telescoped owing to a haplography of the copyist, and several words omitted. In the MS. the whole passage reads: '*von dort würde sie abermals nach der besten Bahn[un]g gehen, u. dgl.* [*und dergleichen*]. *Diese Tendenz nach der besten Bahn[un]g zu gehen wird aber gestört werden . . .*']

from *a*, to *b*, *c*, and *d* (their [amount of] facilitation being in that order), and that *d* lies in the neighbourhood of the wishful cathexis + *V*, then the consequence may be that the *Qφ*, in spite of the facilitations, will flow not to *c* and *b* but to *d*, and from there to + *V*; and thus the pathway *W* — *a* — *d* — + *V* will be revealed as the one that is being sought. Here there is in operation the principle which we have long recognized [p. 319] that cathexis can divert facilitation and can thus operate against it, and that accordingly a side-cathexis modifies the passage of *Qη*. Since cathexes can be changed, it lies within the choice of the ego to modify the passage [of association] from *W* in the direction of any purposive cathexis.

What is to be understood here by a purposive cathexis is not a uniform one, such as affects a whole region in the case of attention, but one that emphasizes, that stands out above the level of the ego. It must probably be assumed that, in this kind of thought with purposive cathexes, *Qη* travels simultaneously from + *V* as well, so that the passage [of association] from *W* can be influenced not only from + *V* but also from its further halting-points. In this situation, however, the pathway from + *V* . . . is known and fixed, but the pathway from *W* . . . *a* . . . has to be discovered. Since in fact our ego always entertains purposive cathexes—often a number of them at the same time—we can now understand both the difficulty of purely cognitive thought and also the possibility, in the case of practical thought, of the most various pathways being reached at various times under various conditions by various individuals.

In the case of practical thought, too, we arrive at an appreciation of the *difficulties in thinking* which, to be sure, we know from our own feeling. Let us return to our former example, in which the current of *Qφ* would flow, in accordance with the facilitation, to *b* and *c*[1], while *d* is marked by a close link with the purposive cathexis or a consequential idea. Then the influence of the facilitation in favour of *b* . . . *c* may be so great as to outweigh by far the attraction of *d* . . . + *V*. In order none-the-less to direct the passage [of association] to + *V*, it would be necessary for the cathexis of + *V* and its derivative ideas to be still further increased, perhaps, too, for the attention to *W* [the perception] to be altered, so that a greater or lesser degree of binding might be attained and a level of current more favourable to the pathway *d* . . . + *V*. An expenditure of this kind for overcoming good facilitations, in order to entice the *Q* along

[1] [In the MS.: '*der Bahn[un]g nach nach b u[nd] c*.' One of these '*nachs*' is omitted in *Anf.*, 4[illegible], spoiling the sense. Later in this sentence, '*Qφ*' is misprinted '*Gφ*'.]

pathways which are worse facilitated but lie closer to the purposive cathexis, corresponds to difficulty in thinking.

The part played by indications of quality in practical thought is little different from that played by them in cognitive thought. The indications of quality ensure and fix the passage [of association] but are not absolutely indispensable for it. If we put complexes instead of the neurones and complexes instead of the ideas,[1] we come up against a complication of practical thought which it is no longer possible to describe, and we realize that it becomes desirable here to [be able to] clear things up quickly. [Cf. p. 383 below.] During such [a passage of association], however, the indications of quality are for the most part not completely aroused, and, indeed, generating them serves to retard and to complicate the passage [of association]. When the passage from a particular perception to certain particular purposive cathexes has already been followed repeatedly, and has been stereotyped by mnemic facilitations, there will as a rule be no occasion to arouse indications of quality.

The aim of practical thought is *identity* [p. 32[illegible]], the debouching of the displaced $Q\dot{\eta}$ cathexis into the wishful cathexis which has meanwhile been firmly retained. We must regard from a purely biological angle the fact that the need for thought thereupon ceases and that, instead, a full innervation is permitted of the *motor images* touched upon on the path, which represent what is in the circumstances a justified accessory part of the *specific action* [p. 297]. Since during the passage [of association] this motor image was only cathected in a bound manner, and since the thought-process started from a perceptual image which was then followed only as a mnemic image, the whole thought-process is able to make itself independent of the expectational process and of reality and is able to advance in a quite unaltered manner as far as identity. Thus it starts from a mere *idea*, and, even after it is completed, does not lead to action; but it has produced a piece of *practical knowledge*, which can be used for a subsequent real occurrence. For in fact it proves expedient not to have to set the process of practical thought going only when it is needed in the face of reality, but to have it ready in advance.

The time has now come to qualify a hypothesis made earlier [p. 366], to the effect, namely, that a memory of thought-processes is made possible only by indications of quality, because otherwise their traces could not be distinguished from the traces of perceptual facilitations. It still holds good of this that a *real*

[1] [Cf. p. 327. *Anf.*, 456, inserts '*einzelnen*' ('single') in front of 'neurones' and 'ideas'.]

memory should properly not be modified by any amount of thought about it. On the other hand, it is undeniable that thought about a topic leaves extraordinarily important traces behind for any subsequent re-thinking about it [cf. pp. 300 and 335]; and it is very questionable whether this is brought about only by thought accompanied by indications of quality and consciousness. There must therefore be thought-facilitations, and yet the original paths of association must not be obliterated. Since there can only be one kind of facilitation, it might be thought that these two conclusions are incompatible. Yet it must be possible to find a means of reconciling and explaining them in the fact that thought-facilitations were all first created at a high level [of cathexis] and that they probably also come into effect at a high level once more, whereas associative facilitations, which originated during full or primary passages [of quantity], re-appear when conditions for an unbound[1] passage [of quantity] are established. Accordingly, then, some possible effect by thought-facilitations upon associative facilitations is not to be denied.

Thus we arrive at the following further characterization of the unknown neuronal motion:

Memory consists in the facilitations [p. 300]. Facilitations are not altered by a rise in the level [of cathexis]; but there are facilitations that come into effect only at a particular level. The direction of the passage [of quantity] is not altered in the first place by an alteration of level, though no doubt it is by the quantity of current [p. 375] and by side-cathexes [p. 377]. Where the level is high, it is preferably small *Q*s that are displaceable [p. 368].

Alongside of *cognitive* and practical thought, we must distinguish a reproductive, *remembering* thought, which in part enters into practical thought, but does not exhaust it.

This *remembering* is a precondition of all testing by critical thought: it follows back a given thought-process in a reversed direction, as far back, perhaps, as a perception—once again, in contrast to practical thought, without an aim—and, in doing so, makes use to a large extent of indications of quality. In thus following a backward direction, the process comes upon intermediate links which have hitherto been unconscious, which have left no indications of quality behind them but whose indications of quality appear subsequently. This implies that

[1] [In the MS.: '*wenn die Beding[un]gen des ungeb. Ablaufes hergestellt sind*.' The '*ungeb.*' presumably stands for '*ungebunden*'. *Anf.*, 457, having evidently read the MS. as '*umgeb*', expands it into '*umgebenden*' ('surrounding').]

the passage of thought in itself, without any indications of quality, has left traces behind it. In some instances, indeed, it looks here as though we should only be able to guess certain stretches of the pathway because their starting- and end-points are given by indications of quality.

In any case, the reproducibility of thought-processes goes far beyond their indications of quality, they can be made conscious subsequently, though perhaps the *outcome*[1] of a passage of thought leaves traces behind it more often than its intermediate stages.[2]

During a passage of thought, whether it is *cognitive*, *testing* or *practical* thought, all kinds of events may occur which deserve to be described. Thought may lead to *unpleasure* or to *contradiction*. Let us follow the case in which practical thought with purposive cathexes leads to a release of unpleasure. [Cf. above, p. 357 ff.]

The most ordinary experience shows that this event results in an obstacle to the thought-process. How is it that it can come about at all? If a memory, when it is cathected, generates unpleasure, that is in general due to the fact that the corresponding perception had generated unpleasure when it occurred—that is, was part of an experience of pain [p. 320 ff.] Perceptions of this kind, as we know from experience, attract a high degree of attention to themselves, but they arouse fewer indications of quality of their own than of the reaction which they [the perceptions] occasion: they are associated with their own manifestations of affect and defence [p. 322]. If we follow the vicissitudes of perceptions like these when [they have become] *mnemic* images, we notice that their first repetitions continue to arouse affect and also unpleasure, till in time they lose this capacity. Simultaneously, another change takes place in them. To begin with, they have retained the characteristic of sensory qualities; when they are no longer capable of affect, they lose these [sensory qualities] too and come to resemble other mnemic images. If a passage of thought comes up against a still *untamed mnemic* image of this kind, then its indications of quality, often of a sensory kind, are generated, with a feeling of unpleasure and an inclination to discharge, the combination of which characterizes a particular affect, and the passage of thought is interrupted.

What is it, then, that happens to *memories* capable of affect

[1] [Translator's italics.]

[2] [Here, as on p. 37[illegible], there is a transverse line in the MS., unmarked in *Anf.*, 458, which seems to indicate a new section.]

till they are *tamed*? It cannot be supposed that 'time', repetition, weakens their capacity for affect, since ordinarily that factor [repetition] actually contributes to strengthening an association.[1] Something must no doubt happen in [the course of] 'time', during the repetitions, which brings about this subjugation [of the memories]; and this can be nothing other than that a relation to the ego or to ego-cathexes obtains power over the memories. If that takes longer in this case than it does usually, a special reason for it can be found—namely, in the origin of these memories with their capacity for affect. Being traces of experiences of pain, they have been cathected (according to our hypothesis about pain [p. 307]) with excessively large $Q\phi$ and have acquired an excessively strong facilitation to the release of unpleasure and affect.[2] Particularly large and repeated binding from the ego is required before this facilitation to unpleasure can be counterbalanced.

The fact that a memory exhibits a hallucinatory characteristic for so long also calls for an explanation—important for our view of hallucination. Here it is plausible to suppose that this capacity for hallucination, as well as the capacity for affect, are indications of the fact that the ego-cathexis has not yet gained any influence on the memory, that the primary lines of discharge and the full or primary process predominate in it.

We are obliged to see in [the state of] being hallucinated a backward flow of Q to ϕ and also to ω[3] [p. 339], thus a bound neurone does not admit of such a backward flow. It may also be asked whether it is the excessively large quantity of cathexis of the memory which makes the backward flow possible. Here, however, we must recall that a large Q of this kind is only present the first time, at the actual experience of pain. On repetition, we are only[4] dealing with a cathexis of ordinary strength, which nevertheless brings about hallucination and

[1] [In the MS., the middle part of this sentence reads: '... *dass die "Zeit", die Wiederhol[un]g ihre Affektfähigkeit abschwächt* ...' *Anf.* 459, prints this: '... *dass die "Zeit" die Wiederholung ihrer Affektfähigkeit abschwächt* ...' By thus dropping the comma after '"*Zeit*"' and changing '*ihre*' into '*ihrer*', it gives the meaning: 'It cannot be supposed that "time" weakens the repetition of their capacity for affect.' This seems to make very little sense, especially in view of what follows. The solution offered above—that 'repetition' is in apposition to '"time"' and intended to explain it—seems more probable.]

[2] ['*Unlust- u. Affektentbind[un]g*' in the MS. *Anf.*, 459, reads '*Unlust- und Affektbindung*' ('binding of unpleasure and affect').]

[3] [Cf., however, Freud's later correction of this, p. 389 below.]

[4] ['*Nur*' in the MS., omitted in *Anf.*, 460.]

unpleasure—thanks, we can only suppose, to an unusually strong facilitation. It follows from this that an ordinary ϕ quantity[1] is no doubt sufficient to produce backward flow and an excitation towards discharge, and the inhibiting effect of binding by the ego gains in significance.

In the end, then, it becomes possible to cathect the memory of the pain in such a way that it cannot exhibit any backward flow and can release only minimal unpleasure. It is now tamed, and by a thought-facilitation strong enough to exercise a permanent effect and to produce an inhibiting action once more at every later repetition of the memory. The pathway leading to the release of unpleasure will then, owing to disuse, gradually increase its resistance; for facilitations are subject to gradual decay (forgetting). Only after this is [the] memory a tamed memory like any other.[2]

It nevertheless appears that this process of subjugating the memory leaves a permanent effect on the passage of thought. Since earlier the passage of thought was disturbed every time the memory was activated and unpleasure aroused, there is a trend even now towards inhibiting the passage of thought as soon as the tamed memory generates its trace of unpleasure. This trend is most serviceable for practical thought, since an intermediate link that leads to unpleasure cannot lie on the sought-for pathway to identity with the wishful cathexis [p. 330]. Thus primary *thought-defence* arises, which, in practical thought, takes the release of unpleasure as a signal [p. 326] to leave a particular pathway—that is, to direct the cathexis of attention *elsewhere*. Here, once again, unpleasure directs the current of $Q\eta$, as in the first biological rule [p. 370]. It must be asked why this thought-defence was not directed against the memory while it was still capable of affect. But at that point, we may

[1] [Equivalent to the abbreviation '$Q\phi$'. See p. 372 above.]

[2] [It is interesting to notice that more than forty years later Freud used the same term '*Bändigung*' ('taming') in a rather similar connection. This was in Section III of his paper 'Analysis Terminable and Interminable' (1937c), *Standard Ed.*, **23**, 225, where he discusses the possibility of 'taming' an instinct by the strength of the ego. He had, some time earlier, in 'The Economic Problem of Masochism' (1924c), ibid., **19**, 164, used the term of the 'taming' of the death-instinct by fusion with the libido. (The term also appears in Letter 69 to Fliess of September 21, 1897, p. 260 above.)—The question of the normal fading of memories is discussed in a long footnote added in 1907 to *The Psychopathology of Everyday Life* (1901b), ibid., **6**, 274–5 *n*. Freud had touched on the problem even before the date of the present work, in his lecture on 'The Mechanism of Hysterical Phenomena' (1893h), ibid., **3**, 31.]

suppose, an objection was raised by the second biological rule, which calls for attention where an indication of reality is present [p. 371], and the untamed memory was still able to enforce real indications of quality. The two rules, as we see, are in harmony in serving a useful purpose.

It is interesting to see how practical thought lets itself be guided by the biological rule of *defence*. In theoretical (cognitive and testing) [thought][1] the rule is no longer observed. This is intelligible, for with purposive thought it is a question of *some* pathway *or other* and, accordingly, those to which unpleasure attaches can be excluded; whereas with theoretical [thought] every pathway must be cognized.

[4]

The further question now arises of how *error* can occur in the course of thought. What is error?

The process of thought must now be considered still more closely. Practical thought, the origin of all thought-processes, remains, too, their final aim. All other kinds branched off from it. It is an obvious advantage if the arranging of thought,[2] which takes place in practical thought, need not wait to occur till the state of expectation but can have occurred already [p. 378], because (1) this will save time for the specific action to take shape [p. 378], (2) the state of expectation is far from being particularly favourable for the passage of thought. The value of promptitude in the short interval between perception and action is shown when we consider that perceptions change rapidly. If the thought-process lasts too long, its product will have become useless in the meantime. For that reason we '*think ahead*'.

The beginning of the thought-processes which have ramified [from practical thought] is the forming of judgements.[3] The ego arrived at this through a discovery in its organization—through the fact already mentioned [pp. 331 and 366] that perceptual cathexes coincide in part with information from one's own body. As a consequence, the perceptual complexes are divided into a constant, non-understood, part—the *thing*—and a changing, understandable, one—the attribute or movement of the thing. Since the thing-complex recurs linked with a number of attribute-complexes, and these recur linked with a number of thing-complexes, a possibility arises of working out

[1] ['*Denken*' supplied in *Anf.*, 461; not in the MS.]
[2] ['*Denkuberführung*.' Literally, 'transportation of thought'.]
[3] [For what follows cf. Sections 16 and 17 of Part I.]

the pathways of thought leading from these two kinds of complex to the wished for state of the thing, [and of doing so] in a manner which is, as it were, valid generally and without regard to the perception which is the real one at the moment. Thus activity of thought with judgements, instead of with separate perceptual complexes that have not been set in order, is a great saving. We must leave on one side the question of whether the psychological unity thus achieved is represented in the passage of thought by a neuronal unity, too, and by a unity other than the word-presentation.

Error can already make its way in during the creating of a judgement. For the thing-complex and movement-complex are never quite identical, and among their divergent components there may be some the neglect of which disturbs the outcome in reality. This defect in thought originates from the endeavour, which, indeed, we are copying here, to substitute a single neurone for the complex—which is necessitated precisely by the immense complexity. [Cf. p. 378.] *These are mistakes in judgement or faults in the premisses.*

Another ground for error may lie in the fact that the perceptions[1] of reality have not been completely perceived because they were not within range of the senses. These are *errors of ignorance*, which no human being can avoid. Where this determinant does not apply, the psychical precathexis may be defective (owing to the ego being deflected away from the perceptions, and inaccurate perceptions and incomplete passages of thought may result. These are *errors due to insufficient attention.*

If now we take as the material of the thought-processes complexes that have been judged and set in order, instead of unsophisticated ones, an opportunity arises for shortening the practical thought-process itself. For if it has turned out that the pathway from perception to identity with the wishful cathexis leads by way of a motor image *M*, then it is biologically ensured that after identity has been achieved this *M* will be fully innervated. Owing to the simultaneity of the perception and this *M*, an intense facilitation develops between the two of them, and an immediately subsequent perceptual image[2] will arouse the *M* without any further passage of association. In saying this, we are of course assuming that it is possible at any time to establish a link between two cathexes. What was originally

[1] ['*W*' in the MS. This is expanded by *Anf.*, 462, into '*Wahrnehmungsobjekte*' ('objects of perception').]

[2] ['*Ein nächstes W*' in the MS. The '*W*' must therefore stand for the neuter word '*Wahrnehmungsbild*'. *Anf.*, 463, alters this to the feminine '*eine nächste Wahrnehmung*' ('perception').]

a laboriously established thought-connection afterwards becomes, owing to simultaneous full cathexis, a powerful facilitation. The only question about it is whether it is always effected along the pathway that was first discovered or whether a more direct connection may be followed. The latter seems more likely and more expedient, since it spares the necessity for fixing pathways of thought which should, indeed, remain free for other connections of the most various kinds. If the [original] pathway of thought is not followed again, no facilitation of it is to be expected either, and the outcome will be better fixed by a more direct connection. It remains an open question, incidentally, whence the new pathway would originate. If the two cathexes, the perception and *M*, had a common association with a third one, the problem would be simplified.

The portion of passage of thought from the perception to identity by way of an *M*[1] can also be emphasized and will lead to a similar outcome if afterwards attention fixes the *M* and brings it into association with the perception, which has also been once more fixed. This thought-facilitation, too, will be set up again when there is a real occurrence.

It is not at once plain how errors can occur in this [kind of] thought-activity. But no doubt an inexpedient pathway of thought may be entered upon and a wasteful movement emphasized, since with practical thought the choice is after all dependent only on reproducible experiences.

With increasing memories fresh pathways of displacement are constantly appearing. For that reason it is found advantageous to follow the different perceptions completely in order among all the pathways to discover the most favourable; and this is the work of *cognitive* thought, which, to be sure,[2] emerges as a preparation for practical [thought], though in fact it only developed out of the latter at a late stage. The results of this [work][3] are thereafter serviceable for more than one kind of wishful cathexis.

The errors of cognitive thought are self-evident. They are partiality, where purposive cathexes have not been avoided, and

[1] [Here and in the next line *Anf.*, 463, has '*Bewegungsbild*' ('motor image'), instead of '*M*' as in the previous two paragraphs.]

[2] [A word in the MS. here is hard to make out. *Anf.*, 464, prints it as '*so*' ('thus'), which it almost certainly is not. A probable solution is '*zw*' for '*zwar*' ('to be sure').]

[3] [The MS. has plainly '*derselben*' (feminine) for 'this', which can only refer back to '*Arbeit*' 'work'. *Anf.*, 464, changes the word to '*desselben*' (masculine or neuter) and so makes the 'this' refer perhaps to 'cognitive thought'.]

incompleteness, where every pathway has not been followed. Clearly it is an enormous advantage here if indications of quality have been aroused simultaneously. If these thought-processes [the indications of quality] are picked out and introduced into the state of expectation, the passage of association from its first to its last link can go by way of the indications of quality instead of going through the entire series of thoughts,[1] and here it is not even necessary for the series of qualities to correspond completely to the series of thoughts.

In theoretical thought unpleasure plays no part, and it is therefore possible as well with tamed memories.

We have still to consider one kind of thought: critical or examining thought. This is occasioned when, in spite of all the rules having been observed, the process of expectation, followed by the specific action, leads to unpleasure instead of to satisfaction. Critical thought seeks, without a practical aim, in a leisurely manner, and summoning up all the indications of quality, to repeat the whole passage of $Q\eta$[2] in order to detect some *fault in thought* or some *psychological defect*. It [critical thought] is cognitive thought with a given object—namely, a series of thoughts. We have heard what these latter [? psychological defects] consist in, but in what do *logical faults* consist?

Stated briefly, in the non-observance of the *biological rules* for the passage of thought. These rules lay down where it is that the cathexis of attention is to be directed each time and when the thought-process is to come to a stop. They are protected by threats of unpleasure, they are derived from experience, and they can be transposed directly into the rules of logic—which will have to be proved in detail. Thus the intellectual unpleasure of contradiction, at which the passage of testing thought comes to a stop, is nothing other than the [unpleasure] accumulated for the protection of the biological rules, which is stirred up by an incorrect thought-process.

The existence of biological rules of this kind can in fact be proved from the feeling of unpleasure at logical faults.

Action, again, we can only picture as the full cathexis of those motor images which have been brought into prominence during the thought-process [p. 384 f.], in addition, perhaps, to those which—if there was a state of expectation—formed part of the volitional component of the specific action. Here the bound state is renounced and the cathexes of attention are withdrawn.

[1] ['*Denkreihe*' in the MS. (as just below); here, though not below, *Anf.*, 404, has '*Denkweite*' ('extent of thought').]

[2] ['*Qη ablauf*' in the MS. *Anf.*, 404, has '*Qualitätsablauf*' ('passage of quality').]

What no doubt happens as regards the former [the renunciation of the bound state] is that at the first passage [of *Q*] from the motor neurones the level in the ego falls irresistibly. A total unloading of the ego is of course not to be expected in the case of single actions, but only in the case of acts of satisfaction of the most ample kind. It is an instructive fact that action does not occur by an inversion of the path which brought the motor images but along special motor pathways; and for that reason the outcome of the movement[1] is not as a matter of course also the one wished for, as it would necessarily be if the same path were inverted. During the action, therefore, a fresh comparison must be made between the information which arrives of movements and the precathected [movements], and there must be an excitation of correcting innervations till identity is achieved. The same thing is repeated here which occurred on the perceptual side, though with less multiplicity, more rapidity and continuous *full* discharge, which was absent in the other instance [in that of perceptions]. The analogy, however, between practical thought and expedient action is noteworthy. We can see from it that motor images are *sensory*. But the peculiar fact that with action fresh pathways are entered upon, instead of the so much simpler inversion, seems to show that the direction taken by the conduction of the neuronal elements is a firmly fixed one, and perhaps, indeed, that the neuronal motion may have different characteristics in the two cases.

Motor images are perceptions and, as such, of course have quality and arouse consciousness. Nor can it be disputed that they sometimes draw large attention to themselves. Their qualities, however, are not very striking, and probably not so multifarious as those of the external world, and they are not associated with word-presentations, but, on the contrary, they themselves serve in part the purposes of that association. They do not arise, however, from highly-organized sense organs, their quality is no doubt monotonous [pp. 310–11].

[1] [*Anf.*, 465, reads '*Bewegungsaffekt*' ('the affect attaching to the movement'). Professor Merton Gill has suggested that this should read '*effekt*', which makes very much better sense. The MS. offers no clear decision.]

APPENDIX B

Extract from Freud's Letter 39 to Fliess of January 1, 1896[1]

. . . Your remarks on migraine[2] have led me to an idea which would result in a complete recasting of all my $\phi\psi\omega$ theories, on which I cannot venture now. But I will try to give a hint of it.

I start from the two kinds of nerve-endings. The free ones [p. 306] receive only quantity and conduct it to ψ by summation [p. 316]; they have no power, however, to evoke sensation—that is, to affect ω. In this connection the neuronal motion retains its genuine and monotonous qualitative characteristics [p. 310]. These are the paths for all the quantity that fills ψ, also, of course, the paths for sexual energy.[3] The nerve-paths which start from end-organs do not conduct quantity but the qualitative characteristic peculiar to them; they add nothing to the amount in the ψ neurones, but merely put these neurones into a state of excitation. The ω neurones are those ψ neurones which are capable of only very little quantitative cathexis. The coincidence between these minimal quantities and the quality faithfully transferred to them from the end-organ is once more the necessary condition for the generating of consciousness. I now [in my new scheme] insert these ω neurones between the ϕ neurones and the ψ neurones, so that ϕ transfers its quality to ω, and ω now transfers neither quality nor quantity to ψ but merely excites ψ—that is, indicates the pathways to be taken by the free ψ[4] energy. (I don't know whether you can understand this double Dutch.) There are, so to say, three ways in which the neurones affect one another: (1) they transfer

[1] [As explained in the note on p. 219, this letter has been transposed from its chronological position among Freud's other letters to Fliess. The earlier part of it contains a revision of the views expressed in the *Project* and is only intelligible by reference to it. The later part of the letter attaches rather to Draft I, p. 215 above. It is concerned with migraine and is related to Fliess's theories of the importance of the nasal areas in neurotic and especially in sexual disorders.]

[2] [Nothing is known of these.]

[3] [In *Anf.*, 153, the second '*für*' ('for'), has been displaced from this sentence (line 3) to the beginning of the next sentence (line 4).]

[4] [This is incorrectly expanded to '*psychischen*' in *Anf.*, 153. The meaning is not 'psychical energy' in the sense used in Freud's later works, but 'energy arising from the ψ system'.]

quantity to one another, (2) they transfer quality to one another, (3) they have an exciting effect on one another in accordance with certain rules.)

On this view the perceptual processes would *eo ipso*[1] [from their very nature] involve consciousness and would only produce their further psych[ical] effects *after* becoming conscious. The ψ processes would in themselves be unconscious and would only subsequently acquire a secondary, artificial consciousness through being linked with processes of discharge and perception (speech-association) [p. 365]. An ω discharge, which my other account necessitated [p. 3[illegible]5], now becomes unnecessary; hallucination, whose explanation always raised difficulties, is now no longer a backward movement of excitation to ϕ[2] [p. 381] but only to ω. It is much easier to-day to understand the rule of defence, which does not apply to perceptions, but only to ψ processes. The fact that secondary consciousness [see above] lags behind makes it possible to give a simple description of the processes of neuroses.[3] I am also relieved of the troublesome question of how much of the strength of ϕ excitation (of sensory stimuli) is transferred to ψ neurones. The answer is: none at all, directly. The *Q* in ψ depends only on how far the free ψ attention is directed by the ω neurones.

The new hypothesis also fits in better with the fact that the objective sensory stimuli are so minimal that it is hard to derive the force of the will from that source in accordance with the principle of constancy. Sensation, however, [on the new theory] brings no *Q* at all to ψ; the source of ψ energy are the [endogenous] organic paths of conduction.

I also see the explanation of the release of unpleasure, which I need for repression in the sexual neuroses, in the conflict between the purely quantitative organic conduction and the processes *excited* in ψ by conscious sensation.

As regards *your* side of the question, the possibility arises that states of stimulation may occur in organs which produce no spontaneous sensation (though they must no doubt exhibit susceptibility to pressure), but which can by reflex action (that is, through the influence of equilibrium) instigate disturbances arising from other nerve-centres. For the thought of there being a reciprocal binding of the neurones or of the nerve-centres also suggests that the motor symptoms of discharge are of various kinds. Voluntary actions are probably determined by a transference of *Q*, since they discharge psychical tension. In addition to this there is a discharge of pleasure, spasms, etc., which I

[1] [Translator's italics.]
[2] [*Anf.*, 153, has 'ψ'.]
[3] [At this point in *Anf.*, 153, '(*sic!*)' has been inserted.]

explain, not by Q being transferred to the motor centre but by its being liberated there because the binding Q in the sensory centre coupled with it may have diminished. This would give us the long-sought-for distinction between 'voluntary and spastic' movements, and at the same time a means of explaining a group of subsidiary somatic effects—in hysteria, for instance.

In respect to the purely quantitative processes of transference to ψ, there is a possibility of their attracting consciousness to themselves—if, that is to say, such conductions of Q fulfil the conditions necessary for producing pain. Of those conditions the essential one is probably the suspension of summation and a continuous afflux [of Q] to ψ for a time. Certain ω neurones then become *hyper*cathected and produce a feeling of unpleasure, and they also cause attention to be riveted at that point. Thus 'neuralgic change' would have to be regarded as an afflux of Q from some organ augmented beyond a certain limit till summation is suspended, the ω neurones hypercathected and free ψ energy riveted. As you see, we have arrived at migraine; the necessary precondition would be the existence of nasal regions in the state of stimulation which you recognized by naked eye. The surplus of Q would be distributed along various subcortical paths before reaching ψ. When once this has happened, a continuous Q forces its way into ψ and, in accordance with the rule of attention [p. 371] the free ψ energy flows to the seat of the eruption.

The question now arises as to the source of the states of stimulation in the nasal organs. The idea suggests itself that the qualitative organ for olfactory stimuli may be Schneider's membrane and the quantitative organ—distinct from this—may be the *corpora cavernosa*. Olfactory substances, as, indeed, you yourself believe, and as we learn from the flowers, are breakdown products of the sexual metabolism, they would act as stimuli upon both these organs. During menstruation and other sexual processes the body produces an increased Q of these substances and therefore of these stimuli. It would have to be decided whether these act on the nasal organs through the expiratory air or through the blood-vessels; probably the latter, since one has no subjective sensation of smell before migraine. Thus the nose would, as it were, receive information about *internal* olfactory stimuli by means of the *corpora cavernosa*, just as it does about external stimuli by Schneider's membrane: one would come to grief from one's own body. The two ways of acquiring migraine—spontaneously and through smells, human toxic emanations [p. 214], would thus be equivalent and their effects could at any time be brought about by summation.

Thus the swelling of the nasal organs of quantity would be a kind of adaptation of the sense organ resulting from increased internal stimulation, analogous in the case of the true (qualitative) sense organs to opening the eyes wide and focusing them, straining the ears, and so on.

It would not be too hard, perhaps, to transfer this conception to the other sources of migraine and similar conditions, though I cannot yet see how it is to be done. In any case it is more important to test the idea in relation to the main topic.

In this way a whole number of obscure and ancient medical ideas acquire life and value.

. . . .

APPENDIX C

The Nature of Q

Of the two 'principal ideas' with which Freud introduces the *Project* (p. 295)—the neurone and Q—there is no mystery about the first. But the second calls for some examination, especially as everything suggests that it was the forerunner of a concept that was to play a fundamental part in psycho-analysis. We are not concerned here with the special puzzle, mentioned above in the Editor's Introduction, of the distinction between Q and $Q\eta$. What we are dealing with is $Q\eta$ (as Freud himself explicitly states at the end of his first paragraph)—a Q that has some special connection with the nervous system.

How, then, did Freud picture this Q in the autumn of 1895?

Apart from the obvious fact that he wanted to present Q as something material—'subject to the general laws of motion' (p. 295)—we notice at once that Q appears in two distinguishable forms. The first of these is Q in flow, passing through a neurone or from one neurone to another. This is described in various ways: for instance, 'neuronal excitation in a state of flow' (p. 296), '*Q* in flow' (p. 301), 'current' (p. 298), or 'passage of excitation' (p. 300). The second, more static, form is shown by 'a cathected neurone filled with' Q (p. 298).[1]

The importance of this distinction between the two states of Q only emerges by degrees in the *Project*, and one is almost tempted to imagine that Freud himself only became aware of it in the course of his writing the work. The first sign of this importance is in connection with the discussion of the mechanism for telling the difference between hallucinations and perceptions, and the part played in this mechanism by inhibitory action arising from the ego (Sections 14 and 15 of Part I). The details of this inhibitory action (interference by a 'side-cathexis', directed by a cathexis of attention from the ego) are given on pp. 323–4, and its outcome is to change the state of Q which is in flow into a state of Q which is static in a neurone. This distinction is presently (pp. 326–7) related to one between the primary (uninhibited) and secondary (inhibited) processes. Yet another way of describing the same distinction is introduced soon afterwards (p. 335) with the notion that the interfering side-cathexis

[1] Cf. some remarks on cathexis in the Editor's Appendix to Freud's first paper on the neuro-psychoses of defence (1894*a*), *Standard Ed.*, **3**, 65.

has a 'binding' effect on the *Q*. It is not, however, until in Part III of the *Project* (p. 368 f.) that the full implications are displayed of the distinction between a bound and a mobile state of *Q*. The necessity for the hypothesis of there being two states of *Q* arises at that point in connection with Freud's discussion of the mechanism of thinking, which calls for a state in the neurone 'which, though there is a high cathexis, permits only a small current' (p. 368).

Thus *Q* would appear to be measurable in two ways: by the height of the level of cathexis within a neurone and by the amount of flow between cathexes. This has been seized upon sometimes as evidence that Freud really believed that *Q* was simply electricity and that the two ways of measuring it corresponded to amperage and voltage. It is true that some eighteen months before the composition of the *Project*, in his first paper on the neuro-psychoses of defence (1894*a*), he had made a vague comparison between something that was a precursor of *Q* and 'an electric charge spread over the surface of a body' (*Standard Ed.*, **3**, 60). It is also true that Breuer, in his theoretical contribution to *Studies on Hysteria* (1895*d*)—published only a few months before the *Project* was written—had devoted some space to an electrical analogy to the 'excitations' in the 'conductive paths of the brain' (ibid., **2**, 193-4). Nevertheless, nowhere in the *Project* is there a word to suggest that any such idea was present in Freud's mind. On the contrary, he repeatedly emphasizes the fact that the nature of 'neuronal motion' is unknown to us. (See, for instance, pp. 372, 379 and 387.)[1]

There are, it must be admitted, some obscurities in the account given in the *Project* of the nature of the 'bound' state and of its mechanism. One of the most puzzling of these relates to the account given of the process of 'judgement' and the part played in it by a cathexis from the ego. This influence is described in a variety of ways—as a 'side-cathexis', or 'precathexis', or 'hypercathexis'[2]—and it is closely involved in the idea of a cathexis of attention. It seems at first (e.g. p. 324) that attention

[1] The electrical theory may, it is to be feared, have received a reinforcement from an unfortunate mistranslation in the *Standard Edition* rendering of Chapter VII (E) of *The Interpretation of Dreams*, where (ibid., **5**, 599, line 4 from the bottom) the German '*Niveau*' was quite unjustifiably translated 'potential'. In later printings of the volume the word has been corrected to 'level'.

[2] Incidentally, there seems to be little justification for the idea that Freud restricted his use of this last term to cathexes from the ego. See, for instance, 'libidinal hypercathexis' in *Totem and Taboo* (1912-13), *Standard Ed.*, **13**, 89.

is only a means of directing the side-cathexes to the place where they are needed. But elsewhere (e.g. p. 368) it seems as though the hypercathexis of attention is in itself the force which produces the 'bound' state.

Indeed, the whole question of the relation of attention to *Q* needs examination. ('Free ψ energy' Freud seems to call it in his letter to Fliess of January 1, 1896, Appendix B above.) Attention makes an unostentatious appearance in Section 14 of Part I (p. 324), but soon begins to show its importance (in Section 19 of Part I and Section 6 of Part II), while in Part III it becomes an almost predominant feature. Nevertheless, in Freud's later writings, 'attention' almost vanishes apart from a few sporadic mentions. Anonymous traces of it, however, persist to the very last along two rather different lines, both of which go back ultimately to the *Project*. The first and more obvious one relates to 'reality-testing'; and the history of this is fully documented in the Editor's Note to the metapsychological discussion of dreams (1917*d*), ibid., **14**, 219-21. The other, less noticeable but perhaps more important, concerns precisely the part played by attention or some similar agency in bringing about the distinction between *Q* in its bound and in its free state, and, beyond that, between the primary and secondary processes. This function of attention is discussed in an Editor's footnote to 'The Unconscious' (1915*e*), ibid., **14**, 192 *n*. It is indirectly alluded to in Freud's very last works, *Moses and Monotheism* (1939*a*), ibid., **23**, 97, and the *Outline of Psycho-Analysis* (1940*a* [1938]), ibid., 164.[1]

Whatever may be the precise details of the mechanism responsible for bringing about the transformation of free into bound *Q*, it is evident that Freud attached the greatest importance to the distinction itself. 'In my opinion', he wrote in 'The Unconscious', 'this distinction represents the deepest insight we have gained up to the present into the nature of nervous energy' (ibid., **14**, 188).[2]

This quotation might also encourage us to hope that Freud's later writings will throw light on our immediate problem of the nature of *Q*. *Q* itself, under that name, never re-appears, though

[1] An interesting sidelight on Freud's view of attention is provided by his remarking, in several connections, that attention interferes with the efficiency of automatic actions, and that these are assisted by its distraction. See p. 29 above and an Editor's footnote to Lecture XXX of the *New Introductory Lectures* (1933*a*), ibid., **22**, 40, where full references will be found.

[2] Freud's strange and unexplained attribution of this discovery to Breuer is discussed in *Standard Ed.*, **2**, xxvii.

there is no difficulty in recognizing it under various aliases, most of which are already familiar in the *Project*. One particular one of these, 'psychical energy', demands attention, for it emphasizes what appears to be a vital change which the concept has undergone. *Q* is no longer 'something material', it has become something psychical. 'Psychical energy' is found nowhere in the *Project*.[1] ('ψ energy', which occurs in Letter 39, p. 389 etc., merely means 'energy from the neuronal system ψ'.) But it is already in common use in *The Interpretation of Dreams*. Nevertheless, the change does not portend a complete abandonment of a physical basis. Even though Freud declares (*Standard Ed.*, **5**, 536) that he 'will remain upon psychological ground', careful examination will reveal traces of the old neurological background. Even the well-known passage in the book on jokes (1905*c*, ibid., **8**, 148), in which he appears to turn his back on neurones and nerve-fibres, in fact leaves the door wide open for a physiological explanation. Indeed, in the sentence from the paper on 'The Unconscious' (1915*e*) quoted above Freud speaks of 'nervous energy' not of 'psychical energy'. On the other hand in the German collected edition of 1925 he altered two words in the last sentence of the *Studies on Hysteria* (1895*d*) from 'nervous system' to 'mental life' (ibid., **2**, 305). But, however great or small this revolution was, there can be no question that many major characteristics of *Q* survived in a transmogrified shape to the very end of Freud's writings: evidence for this is given by the very numerous footnote references in these pages.

A particularly interesting question arises as to the relation of *Q* to the instincts. These are scarcely mentioned here by that name. It is evident, however, that they are the successors to 'endogenous *Q*' or 'endogenous excitations'. Some history of Freud's developing views on the instincts is given in the Editor's Note to 'Instincts and their Vicissitudes', *Standard Ed.*, **14**, 113 ff., and especially of his various classifications of them, first into libidinal and ego-instincts and later into libidinal and destructive instincts. One point, not mentioned there, which is of special interest in the present context, is the suggestion, twice thrown out by Freud, of the possibility of an 'indifferent psychical energy' which may take either of the two instinctual forms: cf. the paper on narcissism (1914*c*), ibid., **14**, 78, and *The Ego and the Id* (1923*b*), ibid., **19**, 44.[2] This 'indifferent psychical energy' seems very much like a harking back to *Q*.

[1] The term 'energy' occurs very rarely indeed in the *Project* in the sense of '*Q*'. The commonest synonym used is probably 'excitation'.

[2] The German word is '*indifferent*' in both these passages. Unfortunately in the second one this is translated (too loosely) 'neutral' (instead

These later uncertainties about the instincts (entities which, like *Q*, are 'on the frontier between the mental and the physical') and about their classification, remind us that Freud was always quite consistent in emphasizing our ignorance of the basic nature of *Q* or its doublets. This, as we have seen (p. 393), is often insisted on in the *Project* itself. But the point recurs again and again in later works: to name only a few, in *The Interpretation of Dreams* (1900*a*), **5**, 599, in the paper on 'The Unconscious' (1915*e*), ibid., **14**, 188 and in *Moses and Monotheism* (1939*a*), ibid., **23**, 97. This conclusion is stated most plainly of all in *Beyond the Pleasure Principle* (1920*g*), ibid., **18**, 30: 'The indefiniteness of all our discussions on what we describe as metapsychology is of course due to the fact that we know nothing of the nature of the excitatory process that takes place in the elements of the psychical systems, and that we do not feel justified in framing any hypothesis on the subject. We are consequently operating all the time with a large unknown factor, which we are obliged to carry over into every new formula.' It seems, then, that our enquiry must end here and that we have no choice but to follow Freud in leaving the problem of *Q* unsolved.

But though the ultimate nature of *Q* was unknown to Freud, some of its essential features were always assumed by him and insisted upon to the end of his life. If we turn back to one of its very earliest appearances, to which we have already referred on p. 393, in the first paper on the neuro-psychoses of defence (1894*a*), *Standard Ed.*, **3**, 60, we find this unknown entity described as something 'which possesses all the characteristics of a quantity (though we have no means of measuring it), which is capable of increase, diminution, displacement and discharge'. It is, indeed, obvious, that the mysterious *Q* was given its name for the very reason that it did possess these characteristics.

Quantitative considerations had to be taken into account from the first at many points in Freud's theories. For instance, in 'The Aetiology of Hysteria' (1896*c*) we read that 'in the aetiology of the neuroses quantitative preconditions are as important as qualitative ones: there are threshold-values which have to be crossed before the illness can become manifest' (ibid., **3**, 210). More important, however, is the fact that quantity is implicit in the whole theory of conflict as the cause not only of neuroses but of an entire range of mental states. There are a num-

of 'indifferent'), which has incidentally led to the earlier passage being overlooked.

ber of passages in which this fact becomes explicit. for instance, in 'Types of Onset of Neurosis' (1912*c*), ibid., **12**, 236–7, in Lecture XXIII of the *Introductory Lectures* (1916–17), ibid., **16**, 374, in 'Some Neurotic Mechanisms' (1922*b*), ibid., **18**, 228 and in 'Analysis Terminable and Interminable' (1937*c*), ibid., **23**, 226–7. In this last case the importance of quantitative factors is related to the therapeutic situation; but so it had been more than forty years earlier, in Freud's contribution to *Studies on Hysteria* (1895*d*), ibid., **2**, 270. In his great paper on 'The Unconscious' (1915*e*) Freud used the term 'economic' as equivalent to 'quantitative', ibid., **14**, 181, and from that time onwards he used the words as synonyms.[1] We shall be right therefore in regarding our enigmatic *Q*, whatever its ultimate nature, as the progenitor of one of the three fundamental factors in metapsychology.

[1] This identification was no novelty. It is to be found in a letter to Fliess (quoted above, p. 283) written several months before the Project.

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[Titles of books and periodicals are in italics; titles of papers are in inverted commas. Abbreviations are in accordance with the *World List of Scientific Periodicals* (London, 1963-5). Further abbreviations used in this volume will be found in the List at the end of this bibliography. Numerals in thick type refer to volumes; ordinary numerals refer to pages. The figures in round brackets at the end of each entry indicate the page or pages of this volume on which the work in question is mentioned. In the case of the Freud entries, the letters attached to the dates of publication are in accordance with the corresponding entries in the complete bibliography of Freud's writings to be included in the last volume of the *Standard Edition*.

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(1886*f*) Translation with Preface and Footnotes of J.-M. Charcot's *Leçons sur les maladies du système nerveux*, Vol. III, Paris, 1887, under the title *Neue Vorlesungen über die Krankheiten des Nervensystems insbesondere über Hysterie*, Vienna. (8, 14, 30, 42, 77)
[*Trans.*: Preface to the Translation of Charcot's *Lectures on the Diseases of the Nervous System*, *Standard Ed.*, **1**, 19.]

(1887*a*) Review of Averbeck's 'Die akute Neurasthenie', *Wien. med. Wschr.*, **37**, 138.
[*Trans.: Standard Ed.*, **1**, 35.]

(1887*b*) Review of Weir Mitchell's *Die Behandlung gewisser Formen von Neurasthenie und Hysterie*, Berlin 1887 (trans. G. Klemperer), *Wien. med. Wschr.*, **37**, 138. (35, 55)
[*Trans.: Standard Ed.*, **1**, 36.]

(1888*b*) 'Aphasie', 'Gehirn', 'Hysterie' and 'Hysteroepilepsie' in Villaret's *Handwörterbuch der gesamten Medizin*, **1**, Stuttgart. (Unsigned, authorship uncertain.) (30, 36, 65, 131, 142, 158, 164, 169)
[*Trans.*: 'Hysteria' and 'Hystero-Epilepsy', *Standard Ed.*, **1**, 39 and 58.]

(1888-9) Translation with Preface and Notes of H. Bernheim's *De la suggestion et de ses applications à la thérapeutique*, Paris, 1886, under the title *Die Suggestion und ihre Heilwirkung*, Vienna. (Part II trans. O. von Springer.) 2nd ed., revised M. Kahane, Vienna, 1896.) (49, 50, 63, 64–5, 67, 98, 125, 158, 340)
[*Trans.*: Preface to the Translation of Bernheim's *Suggestion*, *C.P.*, **5**, 11; *Standard Ed.*, **1**, 73.]

(1889a) Review of August Forel's *Der Hypnotismus*, *Wien. med. Wschr.*, **39**, 1097 and 1892. (63–4, 65, 66, 105, 113, 125)
[*Trans.*: Review of August Forel's *Hypnotism*, *Standard Ed.*, **1**, 91.]

(1891b) *Zur Auffassung der Aphasien*, Vienna. (6, 14, 19–20, 161, 167, 233, 311, 365)
[*Trans.*: *On Aphasia*, London and New York, 1953.]

(1891c) 'Kinderlähmung' and 'Lähmung' in Villaret's *Handwörterbuch der gesamten Medizin*, **2**, Stuttgart. (Unsigned, authorship uncertain.) (39)

(1891d) 'Hypnose', in A. Bum's *Therapeutisches Lexikon*, 724, Vienna. (64, 65–6, 125)
[*Trans.*: 'Hypnosis', *Standard Ed.*, **1**, 105.]

(1892a) Translation of H. Bernheim's *Hypnotisme, suggestion et psychothérapie: études nouvelles*, Paris, 1891, under the title *Neue Studien über Hypnotismus, Suggestion und Psychotherapie*, Vienna. (66, 74)

(1892–3) 'Ein Fall von hypnotischer Heilung nebst Bemerkungen über die Entstehung hysterischer Symptome durch den "Gegenwillen"', *G.S.*, **1**, 258; *G.W.*, **1**, 3. (63, 66, 138, 153, 182)
[*Trans.*: 'A Case of Successful Treatment by Hypnotism', *C.P.*, **5**, 33; *Standard Ed.*, **1**, 117.]

(1892–94) Translation with Preface and Footnotes of J.-M. Charcot's *Leçons du mardi de la Salpêtrière* (1887–8), Paris, 1888, under the title *Poliklinische Vorträge*, **1**, Vienna. (2nd vol., trans. M. Kahane, Vienna, 1895.) (4, 9, 11, 42, 50, 58, 66, 74, 126, 151, 157, 163, 172, 200)
[*Trans.*: Preface and Footnotes to the Translation of Charcot's *Tuesday Lectures*, *Standard Ed.*, **1**, 131.]

(1893a) With Breuer, J., 'Über den psychischen Mechanismus hysterischer Phänomene: Vorläufige Mitteilung', *G.S.*, **1**, 7; *G.W.*, **1**, 81. (40, 42, 116, 121, 123, 124, 126, 131, 138, 146–9, 150, 151–4, 158–9, 171–2, 179, 208)
[*Trans.*: 'On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication', *C.P.*, **1**, 24; *Standard Ed.*, **2**, 3.]

(1893b) 'Zur Kenntniss der cerebralen Diplegien des Kindesalters (im Anschluss an die Little'sche Krankheit)', Heft III, Neue Folge, of *Beiträge zur Kinderheilkunde*, ed. Kassowitz, Vienna. (158)

(1893c) 'Quelques considérations pour une étude comparative des paralysies motrices organiques et hystériques' [in French], *G.S.*, **1**, 273; *G.W.*, **1**, 39. (12, 30, 46, 47, 49, 73, 80, 125, 131, 137, 140, 141–2, 154)
[*Trans.*: 'Some Points for a Comparative Study of Organic and Hysterical Motor Paralyses', *C.P.*, **1**, 42; *Standard Ed.*, **1**, 157.]

FREUD, S. (1893*f*) 'Charcot', *G.S.*, **1**, 243; *G.W.*, **1**, 21. (4, 10, 11, 50, 63, 67-8, 135, 139, 143, 242)
[*Trans.*: 'Charcot', *C.P.*, **1**, 9; *Standard Ed.*, **3**, 9.]

(1893*h*) Vortrag 'Über den psychischen Mechanismus hysterischer Phänomene' [shorthand report revised by lecturer], *Wien. med. Presse*, **34**, Nr. 4, 121, and 5, 165. (125, 126, 172, 179, 382)
[*Trans.*: Lecture 'On the Psychical Mechanism of Hysterical Phenomena', *Int. J. Psycho-Anal.*, **37**, 8; *Standard Ed.*, **3**, 27.]

(1894*a*) 'Die Abwehr-Neuropsychosen', *G.S.*, **1**, 290; *G.W.*, **1**, 59. (xxiii, 171, 188, 192, 216, 223, 239, 240, 278, 296, 392, 393, 396)
[*Trans.*: 'The Neuro-Psychoses of Defence', *C.P.*, **1**, 59; *Standard Ed.*, **3**, 43.]

(1895*b* [1894]) 'Über die Berechtigung, von der Neurasthenie einen bestimmten Symptomenkomplex als "Angstneurose" abzutrennen', *G.S.*, **1**, 306; *G.W.*, **1**, 315. (xxiii, 118, 135, 178, 179, 182, 185, 188, 189, 192, 193, 194, 200, 201, 267, 318)
[*Trans.*: 'On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description "Anxiety Neurosis" ', *C.P.*, **1**, 76; *Standard Ed.*, **3**, 87.]

(1895*c* [1894]) 'Obsessions et phobies' [in French], *G.S.*, **1**, 334; *G.W.*, **1**, 345. (xxiii)
[*Trans.*: 'Obsessions and Phobias', *C.P.*, **1**, 128; *Standard Ed.*, **3**, 71.]

(1895*d*) With BREUER, J., *Studien über Hysterie*, Vienna. *G.S.*, **1**, 3; *G.W.*, **1**, 77 (omitting Breuer's contributions). (xiv, 36, 53, 55, 63, 65, 66, 67, 83, 124, 126, 146, 164, 171, 172, 179, 223, 234, 273, 295, 298, 299, 338, 344, 347, 349, 351, 353, 361, 393, 394, 395, 397)
[*Trans.*: *Studies on Hysteria*, *Standard Ed.*, **2**. Including Breuer's contributions.]

(1895*f*) 'Zur Kritik der "Angstneurose" ', *G.S.*, **1**, 343; *G.W.*, **1**, 357. (149, 177, 180, 185, 214)
[*Trans.*: 'A Reply to Criticisms of my Paper on Anxiety Neurosis', *C.P.*, **1**, 107; *Standard Ed.*, **3**, 121.]

(1896*a*) 'L'hérédité et l'étiologie des névroses' [in French], *G.S.*, **1**, 388; *G.W.*, **1**, 407. (50, 220)
[*Trans.*: 'Heredity and the Aetiology of the Neuroses', *C.P.*, **1**, 138; *Standard Ed.*, **3**, 143.]

(1896*b*) 'Weitere Bemerkungen über die Abwehr-Neuropsychosen', *G.S.*, **1**, 363; *G.W.*, **1**, 379. (125, 206, 209, 219, 220, 222, 223-4, 227, 229, 273, 291, 348, 356)
[*Trans.*: 'Further Remarks on the Neuro-Psychoses of Defence', *C.P.*, **1**, 155; *Standard Ed.*, **3**, 159.]

(1896*c*) 'Zur Ätiologie der Hysterie', *G.S.*, **1**, 404; *G.W.*, **1**, 425. (11, 148, 171, 220, 229, 396)
[*Trans.*: 'The Aetiology of Hysteria', *C.P.*, **1**, 183; *Standard Ed.*, **3**, 189.]

(1896*d*) Preface to the Second German Edition of Bernheim's *Suggestion* (revised M. Kahane), Vienna. (74)
[*Trans.*: *Standard Ed.*, **1**, 86.]

(1897*a*) *Die infantile Cerebrallähmung*, II Theil, II Abt. of Nothnagel's *Specielle Pathologie und Therapie*, **9**, Vienna. (243)

(1897*b*) *Inhaltsangaben der wissenschaftlichen Arbeiten des Privatdozenten Dr. Sigm. Freud (1877–1897)*, Vienna *G.W.*, **1**, 463 (xiii, 9, 122, 160)

[*Trans.: Abstracts of the Scientific Writings of Dr. Sigm. Freud (1877–1897)*, *Standard Ed.*, **3**, 225.]

(1898*a*) 'Die Sexualität in der Ätiologie der Neurosen', *G.S.*, **1**, 439, *G.W.*, **1**, 491. (178, 179, 184, 261, 272)

[*Trans.:* 'Sexuality in the Aetiology of the Neuroses', *C.P.*, **1**, 220; *Standard Ed.*, **3**, 261.]

(1899*a*) 'Über Deckerinnerungen', *G.S.*, **1**, 465, *G.W.*, **1**, 531. (262, 276)

Trans.: 'Screen Memories', *C.P.*, **5**, 47; *Standard Ed.*, **3**, 301.]

(1900*a*) *Die Traumdeutung*, Vienna. *G.S.*, **2–3**, *G.W.*, **2–3** (xv, xvi, xix, xxiii–xxiv, 66–7, 125, 171, 175, 213, 232, 233, 234, 245–6, 248, 250, 254, 258, 261, 262, 264, 266, 267, 273, 274, 277, 278, 280, 290, 291–2, 297, 299, 308, 318, 320, 321, 322, 329, 332, 335, 337–42, 344, 346, 349, 363, 365, 373, 393, 395, 396)

[*Trans.: The Interpretation of Dreams*, London and New York, 1955; *Standard Ed.*, **4–5**.]

(1901*a*) *Über den Traum*, Wiesbaden. *G.S.*, **3**, 189, *G.W.*, **2–3**, 643. (262, 267)

[*Trans.: On Dreams*, London and New York, 1951; *Standard Ed.*, **5**, 633.]

(1901*b*) *Zur Psychopathologie des Alltagslebens*, Berlin, 1904. *G.S.*, **4**, 3; *G.W.*, **4**. (xix, 128, 132, 213, 244, 261, 265, 274, 382)

[*Trans.: The Psychopathology of Everyday Life*, London, 1966; *Standard Ed.*, **6**.]

(1904*a*) 'Die Freud'sche psychoanalytische Methode', *G.S.*, **6**, 3; *G.W.*, **5**, 3. (67)

[*Trans.:* 'Freud's Psycho-Analytic Procedure', *C.P.*, **1**, 264; *Standard Ed.*, **7**, 249.]

(1905*a*) 'Über Psychotherapie', *G.S.*, **6**, 11; *G.W.*, **5**, 13. (66)

[*Trans.:* 'On Psychotherapy', *C.P.*, **1**, 249; *Standard Ed.*, **7**, 257.]

(1905*b* [1890]) 'Psychische Behandlung (Seelenbehandlung)', *G.W.*, **5**, 289. (xxiv, 63–4)

[*Trans.:* 'Psychical (or Mental) Treatment', *Standard Ed.*, **7**, 283.]

(1905*c*) *Der Witz und seine Beziehung zum Unbewussten*, Vienna. *G.S.*, **9**, 5; *G.W.*, **6**. (xix, 331, 395)

[*Trans.: Jokes and their Relation to the Unconscious*, London, 1960; *Standard Ed.*, **8**.]

(1905*d*) *Drei Abhandlungen zur Sexualtheorie*, Vienna. *G.S.*, **5**, 3; *G.W.*, **5**, 29 (xv, 63, 125, 239, 243, 247, 261, 271, 321, 345)

[*Trans.: Three Essays on the Theory of Sexuality*, London, 1962; *Standard Ed.*, **7**, 125.]

(1905*e* [1901]) 'Bruchstück einer Hysterie-Analyse', *G.S.*, **8**, 3; *G.W.*, **5**, 163. (63, 125, 222, 247, 271, 344–5, 347, 350)

[*Trans.:* 'Fragment of an Analysis of a Case of Hysteria', *C.P.*, **3**, 13; *Standard Ed.*, **7**, 3.]

[*Trans.:* 'Types of Onset of Neurosis', *C.P.*, **2**, 113; *Standard Ed.*, **12**, 229.]

(1912*d*) 'Über die allgemeinste Erniedrigung des Liebeslebens', *G.S.*, **5**, 198; *G.W.*, **8**, 78. (271)

[*Trans.:* 'On the Universal Tendency to Debasement in the Sphere of Love', *C.P.*, **4**, 203; *Standard Ed.*, **11**, 179.]

(1912*f*) 'Zur Onanie-Diskussion', *G.S.*, **3**, 324; *G.W.*, **8**, 332. (180)

[*Trans.:* 'Contributions to a Discussion on Masturbation', *Standard Ed.*, **12**, 243.]

(1912–13) *Totem und Tabu*, Vienna, 1913; *G.S.*, **10**, 3; *G.W.*, **9**. (xviii, 373, 393)

[*Trans.:* *Totem and Taboo*, London, 1950; New York, 1952; *Standard Ed.*, **13**, 1.]

(1913*a*) 'Ein Traum als Beweismittel', *G.S.*, **3**, 267; *G.W.*, **10**, 12. (274)

[*Trans.:* 'An Evidential Dream', *C.P.*, **2**, 133; *Standard Ed.*, **12**, 269.]

(1913*c*) 'Weitere Ratschläge zur Technik der Psychoanalyse: I. Zur Einleitung der Behandlung', *G.S.*, **6**, 84; *G.W.*, **8**, 454. (67)

[*Trans.:* 'On Beginning the Treatment (Further Recommendations on the Technique of Psycho-Analysis, I)', *C.P.*, **2**, 342; *Standard Ed.*, **12**, 123.]

(1913*i*) 'Die Disposition zur Zwangsneurose', *G.S.*, **5**, 277; *G.W.*, **8**, 442. (220, 345)

[*Trans.:* 'The Disposition to Obsessional Neurosis', *C.P.*, **2**, 122; *Standard Ed.*, **12**, 313.]

(1913*k*) Geleitwort zu J. G. Bourke, *Der Unrat in Sitte, Brauch, Glauben und Gewohnheitsrecht der Völker*, *G.S.*, **11**, 249; *G.W.*, **10**, 453. (8)

[*Trans.:* 'Preface to J. G. Bourke's *Scatalogic Rites of all Nations*', *C.P.*, **5**, 88; *Standard Ed.*, **12**, 335.]

(1914*c*) 'Zur Einführung des Narzissmus', *G.S.* **6**, 155; *G.W.*, **10**, 138. (xxiii, 395)

[*Trans.:* 'On Narcissism: an Introduction', *C.P.*, **4**, 30; *Standard Ed.*, **14**, 69.]

(1914*d*) 'Zur Geschichte der psychoanalytischen Bewegung', *G.S.*, **4**, 411; *G.W.*, **10**, 44. (272, 346)

[*Trans.:* 'On the History of the Psycho-Analytic Movement', *C.P.*, **1**, 287; *Standard Ed.*, **14**, 3.]

(1914*g*) 'Weitere Ratschläge zur Technik der Psychoanalyse: II. Erinnern, Wiederholen und Durcharbeiten', *G.S.*, **6**, 109; *G.W.*, **10**, 126. (68–9)

[*Trans.:* 'Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis, II)', *C.P.*, **2**, 366; *Standard Ed.*, **12**, 147.]

(1915*c*) 'Triebe und Triebschicksale', *G.S.*, **5**, 443; *G.W.*, **10**, 210. (xxv, 290–1, 297, 312, 317, 395)

[*Trans.:* 'Instincts and their Vicissitudes', *C.P.*, **4**, 60; *Standard Ed.*, **14**, 111.]

FREUD, S. (1906*a*) 'Meine Ansichten über die Rolle der Sexualität in der Ätiologie der Neurosen', *G.S.* **5**, 123; *G.W.*, **5**, 149. (231)
[*Trans.*: 'My Views on the Part played by Sexuality in the Aetiology of the Neuroses', *C.P.*, **1**, 272; *Standard Ed.*, **7**, 271.]
(1906*c*) 'Tatbestandsdiagnostik und Psychoanalyse', *G.S.*, **10**, 197; *G.W.*, **7**, 3. (149, 355)
[*Trans.*: 'Psycho-Analysis and the Establishment of the Facts in Legal Proceedings', *C.P.*, **2**, 13; *Standard Ed.*, **9**, 99.]
(1908*b*) 'Charakter und Analerotik', *G.S.*, **5**, 261; *G.W.*, **7**, 203. (190, 243)
[*Trans.*: 'Character and Anal Erotism', *C.P.*, **2**, 45; *Standard Ed.*, **9**, 169.]
(1908*d*) 'Die "kulturelle" Sexualmoral und die moderne Nervosität', *G.S.*, **5**, 143; *G.W.*, **7**, 143. (257)
[*Trans.*: '"Civilized" Sexual Morality and Modern Nervous Illness', *C.P.*, **2**, 76; *Standard Ed.*, **9**, 179.]
(1909*a*) 'Allgemeines über den hysterischen Anfall', *G.S.*, **5**, 255; *G.W.*, **7**, 235. (58, 151)
[*Trans.*: 'Some General Remarks on Hysterical Attacks', *C.P.*, **2**, 100; *Standard Ed.*, **9**, 229.]
(1909*b*) 'Analyse der Phobie eines fünfjährigen Knaben', *G.S.*, **8**, 129; *G.W.*, **7**, 243. (68)
[*Trans.*: 'Analysis of a Phobia in a Five-Year-Old Boy', *C.P.*, **3**, 149; *Standard Ed.*, **10**, 3.]
(1909*c*) 'Der Familienroman der Neurotiker', *G.S.*, **12**, 367; *G.W.*, **7**, 227. (244)
[*Trans.*: 'Family Romances', *C.P.*, **5**, 74; *Standard Ed.*, **9**, 237.]
(1909*d*) 'Bemerkungen über einen Fall von Zwangsneurose', *G.S.*, **8**, 269; *G.W.*, **7**, 381. (271, 273, 345)
[*Trans.*: 'Notes upon a Case of Obsessional Neurosis', *C.P.*, **3**, 293; *Standard Ed.*, **10**, 155.]
(1910*a* [1909]) *Über Psychoanalyse*, Vienna. *G.S.*, **4**, 349; *G.W.*, **8**, 3. (66, 346)
[*Trans.*: 'Five Lectures on Psycho-Analysis', *Standard Ed.*, **11**, 3.]
(1911*b*) 'Formulierungen über die zwei Prinzipien des psychischen Geschehens', *G.S.*, **5**, 409; *G.W.*, **8**, 230. (240, 318, 365)
[*Trans.*: 'Formulations on the Two Principles of Mental Functioning', *C.P.*, **4**, 13; *Standard Ed.*, **12**, 215.]
(1911*c*) 'Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)', *G.S.*, **8**, 355; *G.W.*, **8**, 240. (206, 280, 345–6)
[*Trans.*: 'Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)', *C.P.*, **3**, 387; *Standard Ed.*, **12**, 3.]
(1912*b*) 'Zur Dynamik der Übertragung', *G.S.*, **6**, 53; *G.W.*, **8**, 364. (346)
[*Trans.*: 'The Dynamics of Transference', *C.P.*, **2**, 312; *Standard Ed.*, **12**, 99.]
(1912*c*) 'Über neurotische Erkrankungstypen', *G.S.*, **5**, 400; *G.W.*, **8**, 322. (345, 396–7)

Freud, S. (1915*d*) 'Die Verdrängung', *G.S.*, **5**, 466, *G.W.*, **10**, 248 (290–1, 297)

[*Trans.*: 'Repression', *C.P.*, **4**, 84, *Standard Ed.*, **14**, 143.]

(1915*e*) 'Das Unbewusste', *G.S.*, **5**, 480, *G.W.*, **10**, 264. (xxiii, xxvi, 85, 252, 274, 290–1, 311, 365, 394–5, 396, 397)

[*Trans.*: 'The Unconscious', *C.P.*, **4**, 98, *Standard Ed.*, **14**, 161.]

(1916–17) *Vorlesungen zur Einführung in die Psychoanalyse*, Vienna. *G.S.*, **7**, *G.W.*, **11**. (xxiii, xxiv, 65, 68, 100, 128, 220, 264, 267, 274, 330, 345, 346, 349, 373, 376, 396–7)

[*Trans.*: *Introductory Lectures on Psycho-Analysis*, London, 1929, revised ed., New York, 1966; *Standard Ed.*, **15–16**.]

(1917*a* [1915]) 'Metapsychologische Ergänzung zur Traumlehre', *G.S.*, **5**, 520, *G.W.*, **10**, 412. (xiv, 290–1, 319, 325, 339, 346, 394)

[*Trans.*: 'A Metapsychological Supplement to the Theory of Dreams', *C.P.*, **4**, 137; *Standard Ed.*, **14**, 219.]

(1917*e* [1915]) 'Trauer und Melancholie', *G.S.*, **5**, 535, *G.W.*, **10**, 428. (xiv, xxvi, 206, 255, 290–1)

[*Trans.*: 'Mourning and Melancholia', *C.P.*, **4**, 152, *Standard Ed.*, **14**, 239.]

(1918*b* [1914]) 'Aus der Geschichte einer infantilen Neurose', *G.S.*, **8**, 439, *G.W.*, **12**, 29. (230, 245, 356)

[*Trans.*: 'From the History of an Infantile Neurosis', *C.P.*, **3**, 473, *Standard Ed.*, **17**, 3.]

(1919*e*) ' "Ein Kind wird geschlagen" ', *G.S.*, **5**, 344, *G.W.*, **12**, 197. (xxi, 251)

[*Trans.*: ' "A Child is Being Beaten" ', *C.P.*, **2**, 172, *Standard Ed.*, **17**, 177.]

(1919*h*) 'Das Unheimliche', *G.S.*, **10**, 369, *G.W.*, **12**, 229. (xxiv, 373)

[*Trans.*: 'The "Uncanny" ', *C.P.*, **4**, 368, *Standard Ed.*, **17**, 219.]

(1920*g*) *Jenseits des Lustprinzips*, Vienna. *G.S.*, **6**, 191, *G.W.*, **13**, 3. (206, 291, 299, 305, 306, 307, 312, 316–319, 394, 396)

[*Trans.*: *Beyond the Pleasure Principle*, London, 1961, *Standard Ed.*, **18**, 7.]

(1921*c*) *Massenpsychologie und Ich-Analyse*, Vienna. *G.S.*, **6**, 261; *G.W.*, **13**, 73. (68, 101, 337)

[*Trans.*: *Group Psychology and the Analysis of the Ego*, London and New York, 1959; *Standard Ed.*, **18**, 69.]

(1922*a*) 'Traum und Telepathie', *G.S.*, **3**, 278, *G.W.*, **13**, 165. (373)

[*Trans.*: 'Dreams and Telepathy', *C.P.*, **4**, 408, *Standard Ed.*, **18**, 197.]

(1922*b*) 'Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität', *G.S.*, **5**, 387, *G.W.*, **13**, 195. (396–7)

[*Trans.*: 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality', *C.P.*, **2**, 232, *Standard Ed.*, **18**, 223.]

(1923*b*) *Das Ich und das Es*, Vienna. *G.S.*, **6**, 353, *G.W.*, **13**, 237. (223, 255, 291, 292, 293, 365, 395)

[*Trans.*: *The Ego and the Id*, London and New York, 1962, *Standard Ed.*, **19**, 3.]

(1923*d* [1922]) 'Eine Teufelsneurose im siebzehnten Jahrhundert', *G.S.*, **10**, 409; *G.W.*, **13**, 317. (242)
[*Trans.:* 'A Seventeenth Century Demonological Neurosis', *C.P.*, **4**, 436; *Standard Ed.*, **19**, 69.]

(1924*c*) 'Das ökonomische Problem des Masochismus', *G.S.*, **5**, 374; *G.W.*, **13**, 371. (382)
[*Trans.:* 'The Economic Problem of Masochism', *C.P.*, **2**, 255; *Standard Ed.*, **19**, 157.]

(1924*e*) 'Der Realitätsverlust bei Neurose und Psychose', *G.S.*, **6**, 409; *G.W.*, **13**, 363. (222)
[*Trans.:* 'The Loss of Reality in Neurosis and Psychosis', *C.P.*, **2**, 277; *Standard Ed.*, **19**, 183.]

(1925*a* [1924]) 'Notiz über den "Wunderblock" ', *G.S.*, **6**, 415; *G.W.*, **14**, 3. (291, 299, 319, 332, 337)
[*Trans.:* 'A Note upon the "Mystic Writing-Pad" ', *C.P.*, **5**, 175; *Standard Ed.*, **19**, 227.]

(1925*d* [1924]) *Selbstdarstellung*, Vienna, 1934. *G.S.*, **11**, 119; *G.W.*, **14**, 33. (xiv, 19, 39–40, 64, 65, 74, 157, 261, 351)
[*Trans.: An Autobiographical Study*, London, 1935 (*Autobiography*, New York, 1935); *Standard Ed.*, **20**, 3.]

(1925*h*) 'Die Verneinung', *G.S.*, **11**, 3; *G.W.*, **14**, 11. (328)
[*Trans.:* 'Negation', *C.P.*, **5**, 181; *Standard Ed.*, **19**, 235.]

(1926*d*) *Hemmung, Symptom und Angst*, Vienna. *G.S.*, **11**, 23; *G.W.*, **14**, 113. (xxiii, 191, 195, 206, 271, 307, 326, 346)
[*Trans.: Inhibitions, Symptoms and Anxiety*, London, 1960 (*The Problem of Anxiety*, New York, 1936); *Standard Ed.*, **20**, 77.]

(1928*b*) 'Dostojewski und die Vatertötung', *G.S.*, **12**, 7; *G.W.*, **14**, 399. (58, 151, 272)
[*Trans.:* 'Dostoevsky and Parricide', *C.P.*, **5**, 222; *Standard Ed.*, **21**, 175.]

(1930*a*) *Das Unbehagen in der Kultur*, Vienna. *G.S.*, **12**, 29; *G.W.*, **14**, 421. (257, 271, 297)
[*Trans.: Civilization and its Discontents*, London, 1963, New York, 1961; *Standard Ed.*, **21**, 59.]

(1931*b*) 'Über die weibliche Sexualität', *G.S.*, **12**, 120; *G.W.*, **14**, 517. (321)
[*Trans.:* 'Female Sexuality', *C.P.*, **5**, 252; *Standard Ed.*, **21**, 223.]

(1933*a*) *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*, Vienna. *G.S.*, **12**, 151; *G.W.*, **15**, 207. (254, 261, 334, 394)
[*Trans.: New Introductory Lectures on Psycho-Analysis*, London, 1933, New York, 1966; *Standard Ed.*, **22**, 3.]

(1935*a*) Postscript (1935) to *An Autobiographical Study*, new edition, London and New York; *Standard Ed.*, **20**, 71. (xiv)
[*German Text:* 'Nachschrift 1935 zur *Selbstdarstellung*', 2nd edition, Vienna, 1936; *G.W.*, **16**, 31. German original first appeared late in 1935.]

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LIST OF ABBREVIATIONS

G.S. = Freud, *Gesammelte Schriften* (12 vols.), Vienna, 1924–34
G.W. = Freud, *Gesammelte Werke* (18 vols.), London, from 1940
C.P. = Freud, *Collected Papers* (5 vols.), London, 1924–50
Standard Ed. = Freud, *Standard Edition* (24 vols.), London, from 1953
S.K.S.N. = Freud, *Sammlung kleiner Schriften zur Neurosenlehre* (5 vols.), Vienna, 1906–22
Anf. and *Anfänge* = Freud, *Aus den Anfängen der Psychoanalyse*, London, 1950
Origins = Freud, *The Origins of Psycho-Analysis*, London and New York, 1954

GENERAL INDEX

This index includes the names of non-technical authors. It also includes the names of technical authors where no reference is made in the text to specific works. For reference to specific technical works the Bibliography should be consulted.—The compilation of the index was undertaken by Mrs. R. S. Partridge